TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached far use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filled within 72 hours oft with the State Dept. af Health and Mental Hygiene prior to burial, cremation, or removal.

es that the death certificate be executed within 24 hours after death. Page 4 may be

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO				
I. DE	CEASED NAME FIRST		AIDDLE		LAST	2a. DATE (MONTH	DAY YEAR	26 HO	UR
(TYPE	DORA DORA			AE	BRAMS			4	10 84	3:30	P M
3. SE	Female	Cau co	esian	5 DATE O	T. 6, 1892	6 AGE (IN	91	YRS.	MONTHS DAY		R 24 HRS
	IRTHPLACE (STATE OR FOREIGN OUNTRY) Tayland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED		ORE CITY OF LT IMOR	COUNT	TY OF DEATH		MD
10 C	altimore	(IF NOT IN SUC	HOSPITAL, NURSING HEACUITY, GIVE STREET A	G HOME (OR OTHER INSTITUTION	(TYPE OF WO	COCCUPATION MOST OF	WORKING L		OF BUSIN HOME	ESS OR
13a S	AL RESIDENCE (IF NURSING HOME STATE IARY LAND		GIVE RESIDENCE BEFORE 13. CITY OR TOWN BALTIMOR		13d Inside City Limits? Yes XX NO [13e STREE 694	TADDRESS MARS	UE DI	#2] R., AP]	215 . A1	
14. F/	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N	NAME	MIDDLE			AST	
	LOUIS WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES?	FRIED 166 SOCIAL SECUR	RITY NO.	ELLA 17 INFORMANT	MRS.	ADELE	RESN:	<u> </u>	:N	
	NO		216-09-9	641	3825 GLENO	GYLE AV	E	#212			
	PART I. DEATH WAS CAUSE MMEDI MMEDI Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OF	Masseuel RAS A CONSEQUE	NCE OF	Myo cord.	ial s	Infor	cti	BETWEE	DXIMATE INTE N ONSET ANI) DE ATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT	(c)	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEA		20b. IF YE	IVEN IN PART ES, WERE FINE IFYING CAUS	INGS USE	D TH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	BEATH HOUR A.	M. MONTH DA		21c. HOW INJURY OCCI	YES URRED (ENTER)	NO		PART 1 OR PART 2	NO [)
MEDICAL	(IF ETHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21e PLACE		19 ARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	'n	COUNTY	S	STATE
	22a. I certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did)	on_ 4-	19	3	nd that in (my) (aur) apinio	an death accur	red on the do	to and ho	, 19 <mark>84</mark> our and fram t	, that (1) (ne causes st	` ′
	226. SIGNATURE	4				DIRECTO	R PHYSIC	IAN 🔲	4,	10/84	4
	220. PHYSICIAN'S NAME (TYPE	H. 13	TWAR		1 7 10 7	luerder	e Ave	-	riatric Ito, Mi		- 1
23a. [BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	APR.12			EMETERY OF CREMATOR	CITY	BALTIM	ORE	COUNTY	M S1	D D

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical

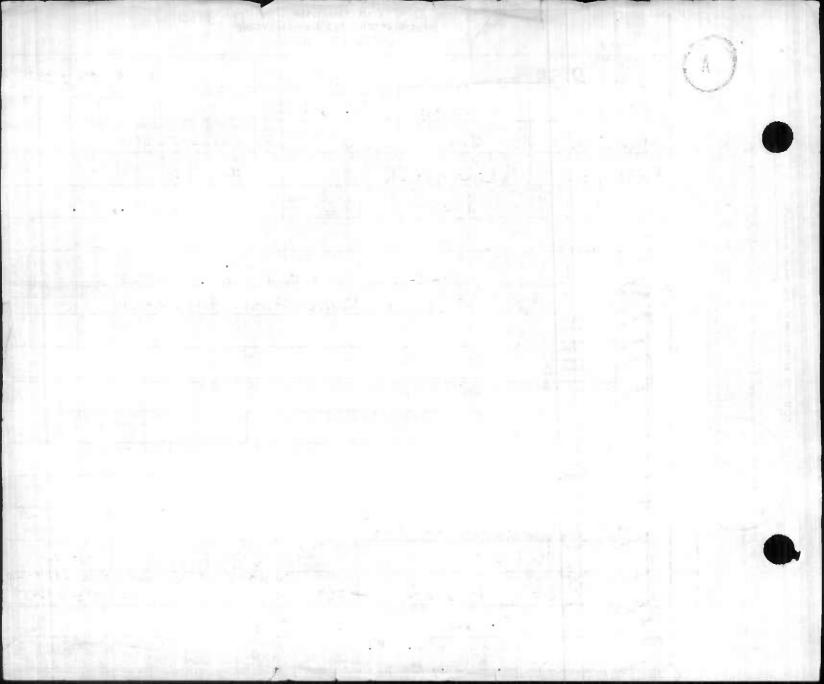
24 FUNERAL DIRECTOR SOL LEVINSON E

6010 REISTERSTOWN RD. BALTO

BROS., INC.

21215

APR 16 1984 This Davidson hander



/ 1		STATE OF MARYLAND
, X	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.
·5-		CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR
free do	3. SE)	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
and and and	7a 81	RTHPLACE (STATE OFFOREIGN 76. CITIZEN OF WHAT COUNTRY? 8.
100	V	1 R B / N A USA WIDOWED DIVORCED Baltimore at
200	10 CI	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION (TYP) WORK FOR MOST OF WORKING LIFE INDUSTRY 12. USUAL OCCUPATION (TYP) WORK FOR MOST OF WORKING LIFE INDUSTRY 12. USUAL OCCUPATION (TYP) WORK FOR MOST OF WORKING LIFE INDUSTRY 12. USUAL OCCUPATION (TYP) WORK FOR MOST OF WORKING LIFE INDUSTRY 13. WORK FOR MOST OF WORKING LIFE INDUSTRY 14. WORK FOR MOST OF WORKING LIFE INDUSTRY 15. WORK FOR MOST OF WORKING LIFE INDUSTRY 16. WORK FOR MOST OF WORKING LIFE INDUSTRY 17. WORK FOR MOST OF WO
filled in round be in	USU/ 13a_S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136 COUNTY 137 CHOR TO WAY 138 INSIDE CITY LIMITS? 139 STREET ADDRESS ZIP CODE AND COUNTY 130 STREET ADDRESS ZIP CODE 140 STREET ADDRESS ZIP CODE 150 STREET ADDRESS ZIP CODE
mpletely and 2 sh	14 FA	FIRST IS LA MIDDLE A DEPARTS PARTIE MIDDLE A LAST
Poges medical	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3807 LONG OF UNKNOWN) (EXPEGIVE WAR OR DATES) 228-38-9554 AWWIEE, Adams - Elmonds on Owe
certificate bing physicion panapers. r remavol. ic event, the		18 CAUSE OF DEATH lenter only one couse per line for (a), (b), and (s) PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (o) Found dead by family APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
e death cer e ottending move carbo nation, ar re traumatic e		4360 Conditions, if ony, which (b) DUE TO, OR AS A CONSEQUENCE OF Members, Cenfirmed
by the seem of the crema	8	gove rise to immediate cause (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Lay Para medics.
equire: n signe Then p	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.
The low reician. te hos beer ssit permit. giene prior	CERTIFICATION	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
Phys phys phys riffica l-fror of Hy		216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
PHY rendir this he bu nd M	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (Al HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 21l. LOCATION STREET CITY OR TOWN COUNTY STATE
R ATTENDING hospitol ar off RECTOR. After ted for use as the spt. of Health of tem 21 is market		22e.1 certify that (I) (this pospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19
OR POR		1276. SIGNATURE TUMENTARY DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN
TO HOSPITAL TO FUNERAL Should be dete		PURISHOTTAM MITCH ST- AGNES HORPITOL
Bb 5 5 4 8 M	23a 8	Sured 4/24/84 md Vetus 23d. LOCATION COUNTY AM MILES

DHMH - 16 50M 4/83 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

2 30 31 83 VIRGINA 26519 Baltimon Cuty - 1 1 3807 Elmudson Ave ReTRORDER TINE CO. md - Ealto. x 3507 Edmoden Fre Et Elisha Edams CARRIE Adams 189 Morean BERSE POSSANNIE E. AdAMS Bundan de getting a see tidel y uniferience and the Esquist 4/24/84 md Vature Cumuille AR mil A simule 18. Oldren - Seel to mil

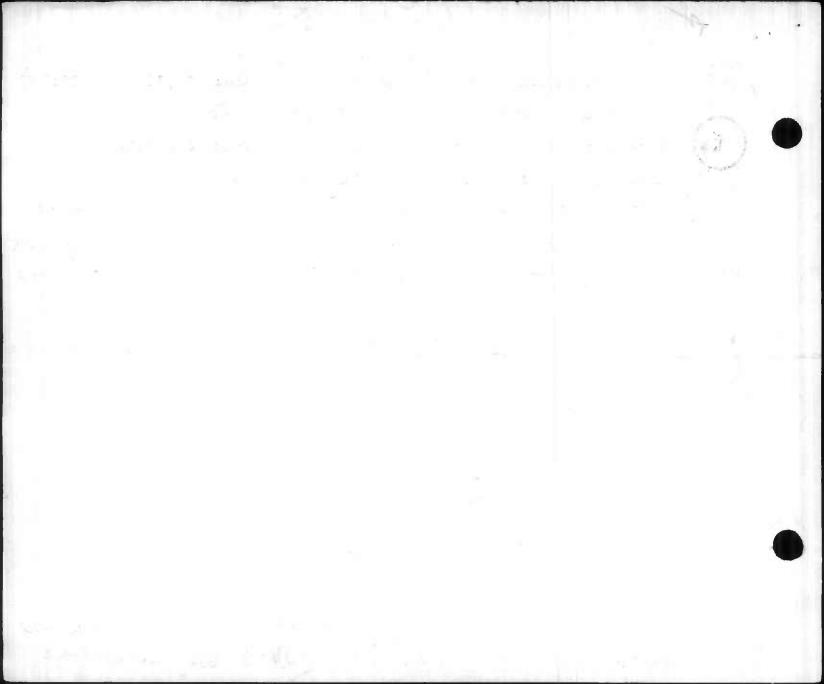
STATE OF MARYLAND, DEPARTMENT OF HEALTH AND MENTAL MYGIENE CERTIFICATE OF DEATH

0 9 6 7 9

1	A STATE REGISTRAR			CERTIF	ICATE OF DEATH	R	REG. NO.			
1	1. DECEASED NAME FIRST	M	IDDLE	4	AST	2a DATE OF DE	ATH MONTH	DAY YEA	2b HO	UR
١	KATHER		PAYNE	A.	DAMS	APRII		984	11	
1	1. SEX	4. RACE		5. DATE O		6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS D	YEAR IF UNDE	ER 24 HRS
	FEMALE	WHIT		JUL	y 31 1907		YR:			
H	OUNTRY)	76. CITIZEN OF V	VHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE	LITY OR COUN	NTY OF DEATI	М	
Ŋ	O CITY OR TOWN OF DEATH	U.		WIDOWE	DR OTHER INSTITUTION	BALT I	MORE (ID OF BUCH	MD.
đ	2	(IF NOT IN SUCH	FACILITY, GIVE STREET AD	DDRESS)		TYPE OF WORK FOR	MOST OF WORKIN	G LIFE) INDUS		
Ä	BALTIMORE USUAL RESIDENCE (# NUR HID HID HID		OHNS HOP		S HOSPITAL	1 EAC	HER	150	UCATT!	370
4	Plan STATE PULLEDU		131, CITY OR TOWN	11-	13d. INSIDE CITY LIMITS?	13.STREET ADD		/	12/16	Lin
4	THE FATHER'S NAME	12/14	GREENVII	12	YES NO	AME	BOX 2	435 /	1299	40
4	4100 /	MIDDLE	1 Pays	سعدور	OTHA	V	DUE	15	Mich.	1 10
4	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECUR	ITY NO	17 INFORMANT		ADDRESS 9		+ 2	110/00
?		VE WAR OR DATES)	223-42-7	7770	1 2	4.6	3509	Petron	MAZ	1007
		100000000000000000000000000000000000000		24	Hnne Payne	E	///60//	API	PROXIMATE INT	ERVAL
1	PART I. DEATH WAS CAUSE	D BY	Paraire	Land	Annest			BETW	MEN ONSET AN	DISEATH
9	2089 MMEDIA		Respirat	are y	ARREST			_		
1		DUE TO, OR	A SONSEQUEN		1					
1	Conditions, if any, which gove rise to immediate	(60)	1160111	ONI	R			_		
4	couse (a), stating the underlying couse last.	DUE TO, OR	AS A CONSEQUEN							
1	THE STREET COLUMN TWO IS NOT THE TAX OF THE PARTY OF THE	(c)		214	NOT BY LIFE TO U.S. THE	WALL OF THE O	COARTINO.	CHITAL IN DATE	1 1	
4	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NIKEUING IO DE	AIHBUI	NOT RETATED TO THE TEX	WINAL DIDEASE CH	CONDITION	OHEN IN PAR	11111	
۲	19 DATE OF OPERATION.	196 CONDO	TION FOR WHICH C	PERATIC	N WAS PERFORMED	70s AUTOPS		YES, WERE FIR		
ı		100000000000000000000000000000000000000	0	5		YES NO NO	1464	PER []	ISES OF DEA	
d	71s. ACCIDENT WAS GREEKEYING	716 TIME OF		1251	214 HOW INJURY OCCUP	Y	OF MARIN WHITM	the same of the sa	2.7.5	
	The concentration of the same period	Control of the Contro		YEAR 19	_					
П	G CHANGE HOLES CALED AND CALED	21a. PLACE C	OF INJURY		211 LOCATION	33	n ce town	COUNT		tratt.
	AT MORE O NOT WHILE O	(AT HOME, STRE	ET PACTORY OFFICE FAR	W, ETC.)	238183		/	Cookin	5	514.0
	Ils.1 certify that (I) (this hosp	ital) attended the	deceased from	4	119 10.85	10_ 4	7/20	10 89	, that (I)	(we) last
	saw the deceased alive or above, (II (we) (did) (did no	4	120 19 8	4 6	nd that in (my) (our) opinion	a death occurred or	the date and	hour and from	the courses t	dated
	276 SIGNAJORE	A COL	A A		DEGREE	55.766469231.00	PURCOO)	274. D	ATE SIGNED	
Ц	1/1/200	1 N B	(buch)	- 2	ATTENDING PHYSICIAN	MEDICAL DIRECTOR []	STAFF	1 4	(hol	84
7	774 PHYSICIAN'S NAME ITH	SE PRINTS	gener	-	The ADDRESS				1	-
	MARIA	7 K	sistique	120	b AHI	4				
	23a. BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	1734 LOCATIO				
	CHEMATION	9-21	-84 W	25/2	iew Mem. Pk	CATE	WSV: //	e count	94.10.	MD
	24 FUNERAL DIRECTOR		RO	150		ATE REC'D. BY REGI		SISTRAR'S SIG	NATURE	1000
	SLACK FUNER	or Home	S Ellic	to It	City 110 21840	AY 2 19	84 Julia	L Davidson	- Acoph	LOC.

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT # IN



executed

requires that the death certificate

attending physicion PHYSICIAN:

TO HOSPITAL OR ATTENDING retained by the hospital or after

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	1	2
/	12	
1		7.
7	. 4	
The same	Con-	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENDAL HYGIENE

		REGISTRAR						REG. N			
		EASED NAME ORPRINT)	MARS	1 _	MIDDLE	^	AMS	20 DATE OF DEATH	.1 .	6 84	54 54
	3. SEX	FEMALE	-	1. RACE BUL	tck	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BI	YRS.	IF UNDER TYEA	
5	CC	ethplace (State or ounity) aryland	FORE:GN	76. CITIZEN OF	WHAT COUN	MARRIE WIDOWE	D NEVER MARRIED D	BALTU	YORE	OF DEATH	ry
3/1	_	TOWN OF DE	ATH		CH FACILITY, GIVE	OSPITA	OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINE Y
35	13a S1 M a	aryland	13b. COUN		13t. CITY OF		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 5504 Bel	lle A	venue	21
200	I4 FAT	THER'S NAME FIRST John		MIDDLE Daniel	L Ad	st lams	15. MOTHER'S MAIDEN NA FIRST Georgan	n a		į	AST
/		(AS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)		1 SECURITY NO. 32-2965	Lloyd Cure	ADDR 2 5504 Bel			XIMATE INTER
		PART I. DEATH W	IMMEDIAT	E C AUSE (o)		SEQUENCE OF	ADENO CARC	woma of D	ectur 2	1	
		Conditions, if ony gove rise to immocouse (couse (col), statiunderlying couse	, which mediate ag the last	DUE TO, C	DR AS A CON	SEQUENCE OF	ADENO CARC				lo
2		Conditions, if ony gove rise to immocouse (couse (col), statiunderlying couse	, which mediate any the last	DUE TO, C DUE TO, C DUE TO, C CONDITIONS C HOOM	RECU DRASACON CONTRIBUTION CR	SEQUENCE OF	NOT RELATED TO THE TERM		IDITION GIV	EN IN PART 5, WERE FIND YING CAUSI	INGS USE
2	CERTIFICATION	Conditions, if ony gove rise to improve (o), static underlying cause	, which mediate to the total t	DUE TO, C DUE TO, C DUE TO, C CONDITIONS C HROPE 19b. CONE 19b. TIME C HOUR A	RECUDER AS A CONCONTRIBUTION FOR WAS A CONTRIBUTION FOR WAS A CONTRI	SEQUENCE OF	NOT RELATED TO THE TERM	200. AUTOPSY? YES \(\text{VO} \)	20b. IF YES IN CERTIF YE:	EN IN PART , WERE FIND YING CAUSI	INGS USE S OF DEAT
2	MEDICAL CERTIFICATION	Conditions, if ony gove rise to immove (o), stating underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING	, which mediate go the last. NIFICANT COTTON TION DERLYING CAUSE OF DEACAL EXAMINER RED	DUE TO, C DUE TO, C DUE TO, C CONDITIONS C 19b. CONE 19b. CONE 19b. TIME (HOUR A 19b. PLACE	RECO OR AS A CON CONTRIBUTION CONTRIBUTION FOR WORK OF INJURY OF INJURY	SEQUENCE OF G TO DEATH BUT ENAL WHICH OPERATIO H DAY YEAR	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION STREET	200. AUTOPSY? YES \(\text{VO} \)	206. IF YES IN CERTIF YE: JRY IN ITEM 18. P	EN IN PART , WERE FIND YING CAUSI	INGS USE S OF DEAT
27	MEDICAL CERTIFICATION	Conditions, if ony gove rise to improve (o), static underlying cause PART 2. OTHER SIGNATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDIZIAL INJURY OCCUR	, which mediate ing the lost. NIFICANT CONTROL OF THE CAUSE OF DEACAL EXAMINER RED HELD	DUE TO, C (c) DUE TO, C (c) CONDITIONS C 19b. CONE 19b. CONE 21b. TIME C AT HOME S 21e. PLACE (AT HOME S	DR AS A CON ONTRIBUTIN C P. OITHON FOR V OF INJURY TREET, FACTORY, C	SEQUENCE OF G TO DEATH BUT CT AC VHICH OPERATIO H DAY YEAR 19 DEFICE FARM, ETC.) from 3/12	NOT RELATED TO THE TERM PALLURE N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION	200. AUTOPSY? YES NO ARED (ENTER NATURE OF INJURY) CITY OR TO	206. IF YES IN CERTIFY YE. JRY IN ITEM 18 P	EN IN PART WERE FINE YING CAUSI S COUNTY 19	PINGS USE S OF DEA' NO [
27	MEDICAL CERTIFICATION	Conditions, if ony gove rise to immodelying couse (o), statistic underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA 19a. DATE OF OPERA 19a. ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER NOTHY MED 1d. INJURY OCCUR WHILE NOTW AT WORK 1 WORK 12a. Certify that (1) sow the decease obove (1) well	, which mediate go the lost to	DUE TO, C (c) DUE TO, C (c) DUE TO, C (d) DUE TO, C (e) 19b. CONDITIONS C HOUR A 1 P 21b. TIME C HOUR A 1 P 21c. PLACE (AT HOME S	DR AS A CON ONTRIBUTIN C P. OITHON FOR V OF INJURY TREET, FACTORY, C	SEQUENCE OF G TO DEATH BUT CT AC VHICH OPERATIO H DAY YEAR 19 DEFICE FARM, ETC.) from 3/12	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 34 and that in (my) (our) opinion DEGREE ATTENDING	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENT OR TO THE CONTROLL STA	206. IF YES IN CERTIFY YE. JRY IN ITEM 18 P	EN IN PART WERE FINE YING CAUSI S COUNTY 19	NO C

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

Wm C March F/H Inc. 1107 Me North Avenue APR 23 1984 Julia Tavidson-Randelle



the funeral director, page 3 d within 72 haurs after death

death. Page 4 may be

		FOR
1	_	STATE
		DECICTBAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC N	0		

1	1-	REGISTRAR			CERTI	FICATE OF DEATH	REG.	NO.	0 1	
		CEASED NAME FIRST	119111	MIDDLE		LAST	2a. DATE OF DEATH		DAY YEAR	26 HOUR
		SAMUE	L		ADD	ISON	APRIL	21,	1984	M
	3. SE)	X	4. RACE		5 DATE	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		Male	В1	ack	1		68	YRS	S.	NOWS MINE
1	(RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY			
2		. Carolina	U.S		WIDOW	OR OTHER INSTITUTION	BALTIMO		ITY,	MD. OF BUSINESS OR
1	В	ALTIMORE	1511	East 29	oth :	Street	(TYPE OF WORK FOR MOS			
2		AL RESIDENCE (IF NURSING HOME OF TATE 1136. COU		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	S		77-41
1	_	aryland		Baltimo		YES XX NO			9th St	. 21218
Lal.	14 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		IA	AST
	1	Pink		Addisor	n	Irene				
		VAS DECEASED EVER IN U.S. AF	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	PRESS		
		NO	VE WAR OR DATES!	247-12-	-394	3 Christine	Addison	1511	East 2	29th St
		18 CAUSE OF DEATH (Enter o	nly one couse per							XIMATE INTERVAL
		PART I. DEATH WAS CAUSE	TE CAUSE (0)	AROIAL	AR	THMIQ				inutes
		1629		R AS A CONSEQUE	NICE OF					
		Conditions, if any, which		PUZMONA		HYPOXIA			2.3	months
	96.7	gove rise to immediate couse (a), stating the)						Mary North	
		underlying cause last.	1 6	RAS A CONSEQUE	FILL	LUNG CANCER	,		~12	months
		PART 2. OTHER SIGNIFICANT	161					NDITION	GIVEN IN PART 11	0
	NO	CENTRA			STEN	and a				
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		YES, WERE FIND!	
4	IIFIC						YES T NOT	IN CER	RTIFYING CAUSES	S OF DEATH?
7	CER	210. ACCIDENT WAS UNDERLYING			-	21c. HOW INJURY OCCUR		JURY IN ITEM		
		OR CONTRIBUTING CAUSE OF DE	nin .	M. MONTH DA						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE		19	21f LOCATION				
	ME	WHILE NOT WHILE	LAT HOME, STE	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR	TOWN	COUNTY	STATE
		220.1 certify that (I) this hasp	ital) attended th	e decensed from	MAY	10 23	In APA	c 26	10 84	that (I) (we) last
		saw the deceased alive or	APRIL	20 19	74.0	nd that in (my) (our) opinion	, , , ,	date and t		
		22b 5/GNATOR	ot view the body	ofter death.		DEGREE	100		22c DAVE	SIGNED
		Hans	Hord	en		MD ATTENDING PHYSICIAN	MEDICAL ST	TAFF SICIAN B	- 4/2	3/84
		22d. PHYSICIAN'S NAME ITYPE	_			22e. ADDRESS	OPICIJS	1100	· Ba-	- MA
	02 0	CARY C	00800					HUST	PIJAC	
		BURIAL, CREMATION, REMOVAL	23b. DATE 4/26	/84 B	altit	CEMETERY OR CREMATORY	23d LOCATION	ore	COUNTY	Md.
	24. FL	JNERAL DIRECTOR					TE REC'D. BY REGISTRA		ISTRAR'S SIGNA	
		C March F/H	Tnc	1101 F	Tont!	h Avenue AF	9 2 7 602		Davidson	De Roll
	W III	o march F/n	THC,	TIOI E	VOLL	n Avenue Ar	1 6 4 504	, was	white land	Labores

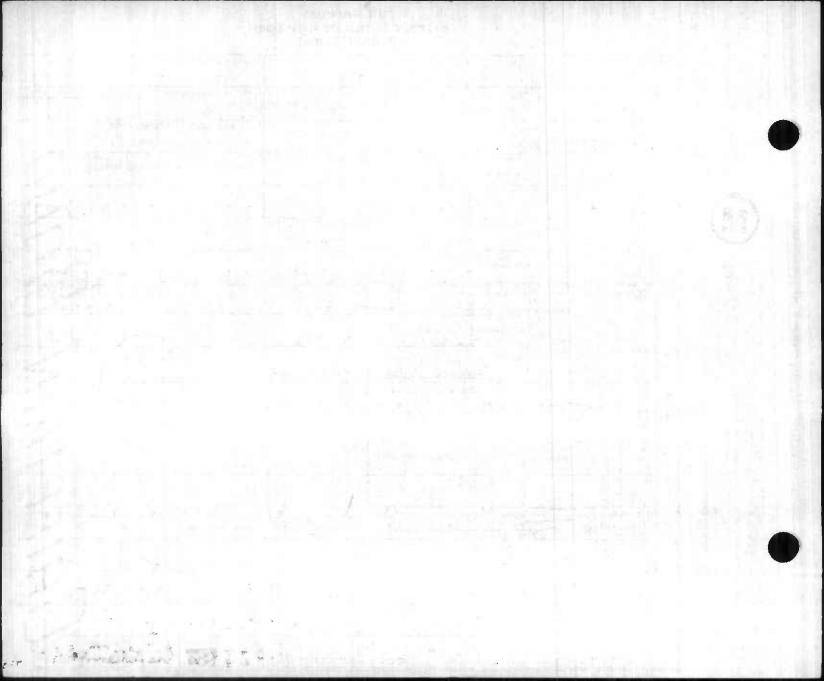
DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pags with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

MPORTANT: If them 21 is marked ar them 18 shaws any injury, ar other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be etained by the haspital or attending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is morked or them 18 shaws any injury, or other troumotic event, the medical ex

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	o .	A Popular	
	CEASED NAME FIRST	- 1	MIDDLE	ı	LAST	20. DATE OF DEATH	MONTH D	YEAR	2b. HOUR
(14b)	E OR PRINT) Marga	ret	V.	Ado	lph	April 2,	1984		M
3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White	9		ne 9,1908	75	YRS.	DATS	HOURS MIN.
7e. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9. BALTIMORE CITY O	COUNTY	OF DEATH	
	Maruland	U.S	.A.		ED DIVORCED	Baltimore	e City	7	MD
1	ITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET ALD NURSING	DDRESS	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Mmemaker	WORKING LIFE		F BUSINESS OR
130	AL RESIDENCE (IF NURSING HOME O STATE 13b COU Maryland		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Baltim	1	134 INSIDE CITY LIMITS? YES XX NO []	13e STREET ADDRESS 5407 Elsro	de Av	e Baltì	21214 more Md
114. F	ATHER'S NAME FIRST Erederick	MIDDLE	Mack		15. MOTHER'S MAIDEN NA.	ME MIDDLE	Bi	renneiß	T.
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE			1211
	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	213-01-7	477D	Mr. Frank J.	Mack, 2400	E.Stra	athmoré	Ave
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per SED BY: ATE CAUSE (0)	line for (g., (b), and		Ancest			BETWEEN	MATE INTERVAL ONSET AND DEATH
NO	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying cause last. PART 2 OTHER SIGNIFICANT	b) DUE TO, O	r as a consequer	OLLA NCE OF	1 1	MINAL DISEASE OR CONE	DITION GIVE	EN IN PART 110	0
CERTIFICATION	190. DATE OF OPERATION	196. COND	TION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
(II	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR		Y IN ITEM 18 PA	ART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE NAT WORK	21e PLACE (AT HOME, STA	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC †	211 LOCATION STREET	CITY OR TO	NN	COUNTY	STATE
F	22a.1 certify that (I) (the har		21 10 X	7	nd that in (my) (opinion	, 10	ite and have	and from the	that (1) (weet lost couses stated
	224 PHYSISPAN SNAME (119)	30	Mux	2	DEGREE ATTENDING PHYSICIAN (22) ATTENDING	MEDICAL STAF	F IAN []	22c. DATE	3.84
	Joseph	zemley	M.D.			nmount Ave	Balti	more, M	Maryland
	BURIAL, CREMATION, REMOVA (SPECIFY) BUrial	23b. DATE 4/5/8			Redeemer Ce	23d LOCATION CITY OF TOWN Baltimor			STATE

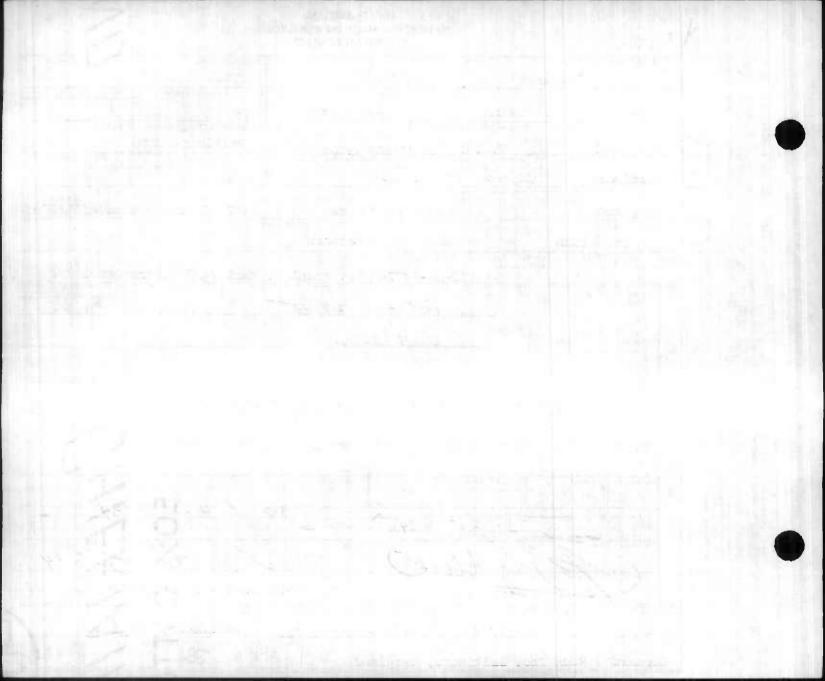
DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

retained by the haspital or attending physician.

Leonard J Ruck Inc. Baltimore, Maryland

APR 4 grila Davidson-Randall



	A .		CEASED NAME FIRST		middle		PA. 3.
(2)	40	(TYPE	CLA!	YTON	N.		AHNE
. 1	1	3. SE.	X	4. RACE		5. DATE C	
1	0		Male	Whi	te	3 MONTH	5
	2 875	7a Bl	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	D NEV
	40	1	Pennsylvania	US	A	WIDOWE	
1 1	1 3/10	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER
100	115	В	altimore		n Baltimor		nera1
212 d in	a 5,-	USU. 13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CC		136. CITY OR TOW		1 13d. INS II
AND 124	1 10	Ma	aryland		Baltimo:	re	YES X
W. H.	2	14 FA	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTH
W T	3 200	101	Herman		Ahner		
BALTIMORE,	Poges		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES			17 INFO
2 0	P. P.		YES W	WII	186712-0	6753	Luc
W. PRESTON ST., if the death certification of	900		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU MMED Conditions, if ony, which gove rise to immediate cause (o), stohing the underlying cause lost.	DUE TO,	DR AS 'A CONSEQUE	ENCE OF	C
DIVISION OF VITAL RECORDS, 2011 BLOSHYSELAN, The less requires the	mit. Then pies prior te build pay injury, er	CERTIFICATION	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO D		15.14
ALRI	100	TIFI				100	
I OF VIT,	moltons fee 18 st	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	YEAR	21c. HO
IVISION Manual Manual	trand M.	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM ETC)	211 100
ATTENDS or upped or	d forms of Nearly 27 is mo		220 1 certify that (I) (this has sow the deceased alive above (I) we) (did) (did)		1. 19 7		ond that in
2 2 8	100		22b. SIGNATURE	//,			DEGREE

	Item 6G59	1 5/1/	/84JAB		STAT	E OF MARYLAND					
1.	FOR STATE			DEPARTA		EALTH AND ME		IENE D 9	5 0	0	
	REGISTRAR				CERTIF	ICATE OF DEA	ATH	REG. NO			
	CEASED NAME	FIRST	٨	AIDDLE	· ·	AST	100	20. DATE OF DEATH	MONTH DA	YE AR	26 HOUR
1	OKPRIIVI	CLAY	CON	N.		AHNER	5.09		4 17	84	2:00 _{P.M}
3. SE	x		4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	Male		Whit	e	3		19	61 65	YRS	DATS	MIN.
7a BI	RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MAR	PIED []	9 BALTIMORE CITY O	R COUNTY C	FDEATH	
1	ennsylvar	nia	USA		WIDOWE			Baltin	ore Ci	ty	MD.
10 C	ITY OR TOWN OF D	EATH		OSPITAL, NURSIN		OR OTHER INSTITU	ITION	120 USUAL OCCUPATE		12b. KIND C	F BUSINESS OR
В	altimore			Baltimor		neral Hos	sp.	Carpenter	F WORKING EIFE)	Trade	Work
USU	AL RESIDENCE (IF NU	RSING HOME OF		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY	LIVER I	LA STREET ADDRESS	ZID CODE		
	ryland	138 COO	NII	Baltimo			O	13e.STREET ADDRESS	eant St	reet	21223
-	ATHER'S NAME					15 MOTHER'S M		ME			
	Herman		MIDDLE	Ahner		FIRS	Mary	2 Emma		Gr	een
	VAS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS		
(1	YES, NO OR LINKNOWN)	(IF YES GI	VE WAR OR DATES)	186+12-	6753	Lucille	e Ahne	er 1261 Sar	geant S	St. 2	1223
	18 CAUSE OF DEA	TH (Enter o	nly one couse per	line for the this cont	466.1			1			MATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSE	D BY: TE CAUSE (o)	/ Huch	e 11	ronary	10	culusio		de.	stan
	4100	IMMEDIA	57	19.0		/	1			1	
	Conditions, if an	v which	DUE TO, gri	AS A COMPEQUE	I a	0 1	11/	N		70	2
	gove rise to in	nmediate	DUIT TO OU	A CONCEOUR	NCEOF					1	
	underlying cou		DUE 10, 01	R AS A CONSEQUE	INCE OF						
	PART 2 OTHER SIG	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
S											
CERTIFICATION	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	206. IF YES, Y		
Ĕ								YES T NOT	YES	NG CAUSES	OF DEATH?
E	210. ACCIDENT WAS U	NDERLYING [21c. HOW INJUR	RY OCCURR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PAR	T 1 OR PART 2)	
	OR CONTRIBUTING		AIII		AY YEAR	1					
MEDICAL	21d INJURY OCCU		21e PLACE	OF INJURY		211 LOCATION		CITY OR TO		YINUOS	STATE
3	WHILE NOT	WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM ETC }	STREET		CITY OR TO	WN	COUNTY	STATE
	22s 1 certify that (ital) ottended the	e deceased_from_		5-5	19 73		- 17.19	84	tho (1) (we) lost
19	sow the deced	sed olive or	view the body	4-17 19 8	24 .01	nd that in my (ou	r) opinion c	death occurred on the de	ate and hour o	and from the	couses stoted
30	22b. SIGNATURE	(did) Mid A	of view the body	affer deoffi.		DEGREE				22c. DATE	SIGNED
	The Mal	11.	Notre		Nes		ENDING	DIRECTOR PHYSIC	FIANT		
130	THE PHYSICIAN SP	NAME TIME	DK PRINCE			22e. ADDRESS	JOICIAN L	J DIRECTOR THISTE	1747.		
	Dr. H.		200			3350 Wi	Tkona	Avanua			
23o F	BURIAL, CREMATION	I. REMOVAL	THE DATE	236. 1	NAME OF C	EMETERY OR CRE		Avenue			
	(SPECIFY) Buria	-	4/21	101	100	hews Cem		N. Weispon	ct Ca	rbon	Franklin- Town
DA 51	WIEDNI DIDECTOR			150		TOWN OCH	Tar Day	TOTAL DESCRIPTION			TOWIT

Hubbard Funeral Home, Inc. 4107 Wilkens Ave. APR 1 9 984 Fine Tracks Sign April 20

DHMH - 16 50M 4/83 (VRA 15, 4)

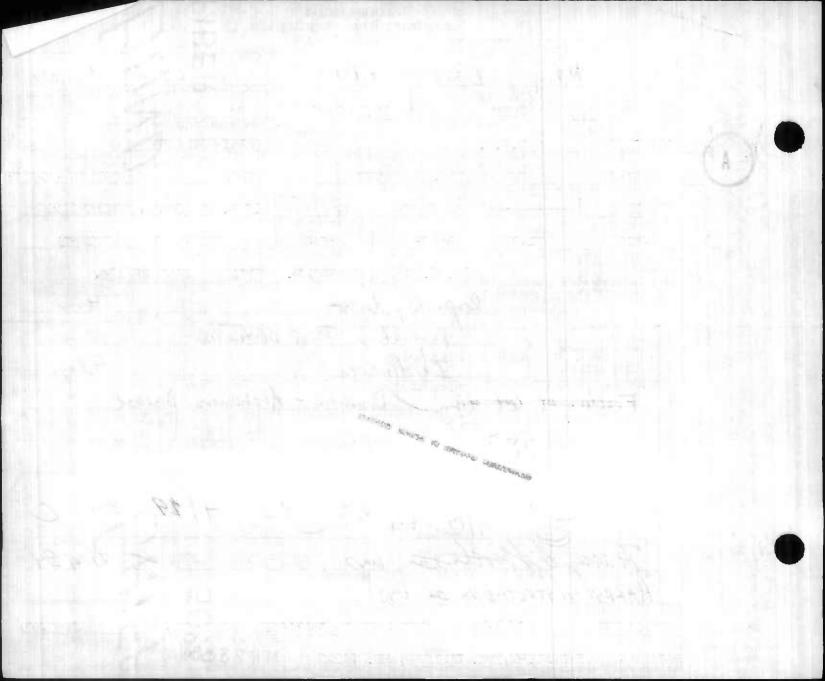
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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

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	FOR STATE REGISTRA	R MARY ELL	IZABETH A			CATE OF DEATH		G. NO.	
	I. DECEASED NA		MI	LIZAE	TOTAL A	Akers	20. DATE OF DEAT		
-	3. SEX	100	II RACE	, LI LAD	SETH /		6. AGE (IN YEARS LAS	T BIRTHDAY) IF	UNDER I YEAR IF UND
	FEMALE		WHITE		MONTH	/14/1899 YEAR	84	MO	NTHS DAYS HOUR
1	7a BIRTHPLACE	(STATE OR FOREIGN	7b. CITIZEN OF W	HAT COUNTRY	V2 8		1. BALTIMORE CIT	YRS.	F DEATH
2	VIRGIN]	A	U.S.A.		WIDOWE	NEVER MARRIED X	BALTIMOR	E CITY	
	10 CITY OR TOW		11. NAME OF H	OSPITAL, NURS	ING HOME O	ROTHER INSTITUTION	12a USUAL OCCUP	PATION	12h KIND OF BUST
0	BALTIMO	RE		MEDICA		ER	CLERK	JST OF WORKING ENES	RAILWAY
E	USUAL RESIDEN 130. STATE	CE LIE MURSING HOME COL		IVE RESIDENCE BEFO		13d INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CODE	
2	MARYLAN	ID A		BALTIM	The same of the sa	YES X NO	16 E. HE		STREET 21
20	14 FATHER'S NA		MIDDLE	LAST		15. MOTHER'S MAIDEN N. FIRST	MIDD		LAST
U	JOHN		WILLIAM	AKER		MARY		ZABETH	FALWEL
	LYES NO OR UNI	SED EVER IN U.S. A	IVE WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT		DDRESS	
1	NO			219.05.	0399	KATHRYN N. S	SHIPLEY	SAME AS	
	18 CAUSE	OF DEATH (Enter of DEATH WAS CAUS	SED BY.) -	/ /				BETWEEN ONSET A
	TARLE		ATE CAUSE (o)	Lespira.	tory to	viest-			Tores
	1 43	371	DUE TO, OR	AS A CONSEQ	UENCE OF	Ti +	-///		10
		s, if ony, which	(b)	Kes	floo for	y 16act 6	Obstructor		10 m
	couse (to immediate o), stating the	DUE TO, OR	AS A CONSEC	UENCK OF				1
	underlyin	g couse lost	(c)	1-1	1 tlul	47d			2847
	4.	THER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TER	AINAL DISEASE OR C	ONDITION GIVEN	IN PART Tro
_	é	active t	646	1700	10	omentia - K	Themers		
1	190 DATE C	OF OPERATION	IN CONDU	DIT ON MALIC	CH OPERATION	PURCH TIGET A	20a AUTOPSY?	20b. IF YES, V	WERE FINDINGS US NG CAUSES OF DE
	RTIF		M		Market M.		YES NO	YES	□ NO
2	OR CONTRACT	NT WAS UNDERLYING	Burnaum a re-	HTHOMP	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	T (OR PART 2)
	OR CONTRIB	NOTIFY MEDICAL EXAMIN	-	25/10000	19				5-26
Î	<u> </u>	YOCCURRED	TIE PLACE O	F INJURY IT FACTORY, OFFICE	T FARM (TC)	711 LOCATION STREET	CITY	OR TOWN	COUNTY
	AT WORK	NOT WHILE	The second second			160 6	7 1	140	Q. L
		fy that (1) (this has	1	11/2	12/1	0/20 190.	5, 10 4	19	9, that Ill
	saw t	he deceased alive o , (I) (we) (did) (did r	not view the hady	tter death	94, on	d that in (my (our) opinion	death occurred on the	ne date and hour c	and from the couses
	226 SIGN		1/1/1	./		DEGREE			221. DATE SIGNE
1	H	avent	11/200	tros	Te /1	ATTENDING PHYSICIAN		STAFF YSICIAN [4	1 4/20/
-	214, 991751	CIAN'S NAME (TYPE	OR PRINT)		V	22a. ADDRESS			
/	HAI	44 5.5	TROTHE	RS TE	un				
1		The state of the s			. NIAME OF C		Test to a serious		
4	23a BURIAL, CRE	MATION, REMOVA	AL 23b. DATE	23	CLANNE OF CE	METERY OR CREMATORY	23d. LOCATION		
1	23a BURIAL, CRE (SPECHY) CREMAT		4/21/1			DUNT CREMATOR	CITY OR TOW		COUNTY



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital or attending physician

BP.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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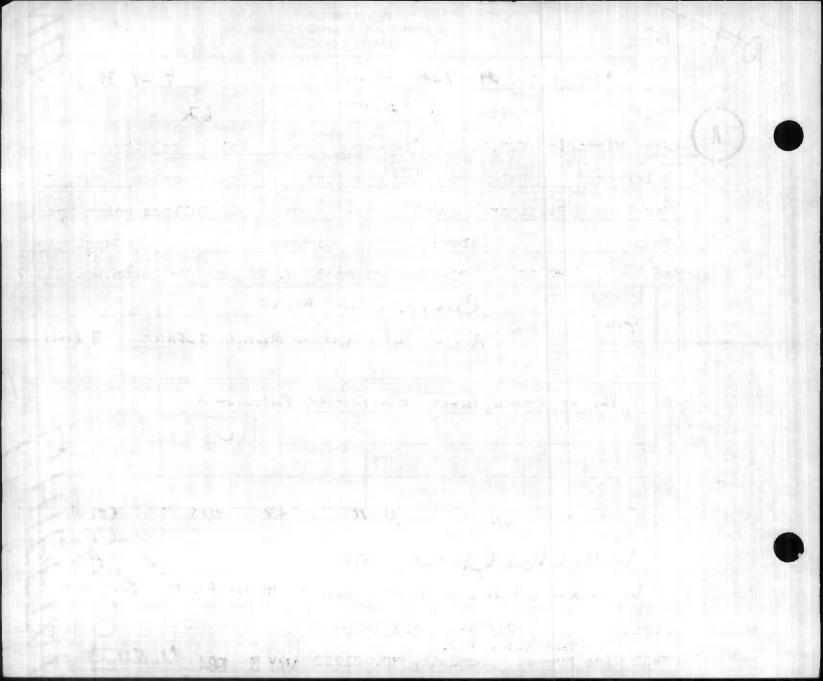
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
Sam	uel .	Alevato	4 7	29 84 937 AM
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Male	White	11 10 1921	62 YR	
70 BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
West Virgini	a U.S.A.	WIDOWED DIVORCED	Baltimore	City MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Baltimore		ity Hospital	Steel Work	
13o. STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFI OUNTY 13c. CITY OR TO altimore Dunda	OWN 138 INSIDE CITY LIMITS?	13e. STREET ADDRESS 6922 Sollers	21222 s Point Road
14. FATHER'S NAME		15. MOTHER'S MAIDEN N	IAME	5 TOTHE ROLL
John FIRST	Alevate	o Barbara	MIDDLE	Guariscio
160. WAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL SE		ADDRESS21	
res (YES, NO OR UNKNOWN) (IF YE	WII 235-16	-0425 Ronald J.	Miller Fall	ston, MD. 21047
18. CAUSE OF DEATH (Ent	er only one cause per lye for (o), (b),	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CA	AUSED BY:	Pulmoning Arrec	T	
4100	DUE TO, OR AS A CONSEC	DIENCE OF		
Conditions, if any, whic	/1	INFELIOPORTELION N	lyourden INFAIC	7 Tanys
gove rise to immediat cause (a), stating th		DUENCE OF		
underlying cause los				
		O DEATH BUT NOT RELATED TO THE JER		GIVEN IN PART 110
Q Kylvir,	Small Birth		Kumov-A	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
RTIF			YES NO	YES NO
OR CONTRIBUTION CAUSE C	LIGHT A MA MACHITIA	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXA	MINER) P.M.	19		
(IF EITHER, NOTIFY MEDICAL EXA 21d INJURY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E. FARM. ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK NOT WHILE				
	hospital) attended the deceased from		4 10 4/25	, 19, that (1) (we) lost
	id not; view the body after death.		n death accurred on the date and	
22b. SIGNATURE	V 0 (DEGREE ATTENDING	MEDICAL STAFF	Y 29 LEY
WALL (recent	PHYSICIAN		114107
22d PHYSICIAN'S NAME ((KAGCIN J	1 mo 600 NOT	A WOLFE ST.	BUT MD
00000()				
230. BURIAL, CREMATION, REMO		Raltimore Nat	CITY OR TOWN	COUNTY Maryland
Burial 24 FUNERAL DIRECTOR Dud		Baltimore Nat.	Baltimore ATE REC'D. BY REGISTRAR 236. REC	
7922 Wise Av	ADDRESS	, MD. 21222 MA		Davidson-Randell
1922 WISE AV	enue Dundalk	, MD. 21222	1 3 WHA TIME	Mary Marketon

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletery tills should be detached for use as the burial-transit permit. Then please remove carbanpopers, Pages 1 and 2 thoult with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other traumatic event, th

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
I. DECEASED NAME FIRST	A	MIDDLE	- 1	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
ANDREW		6.	ALEX	ANDER	April 11	. 1984		10:15A
1. 5EX	4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	HE DAYS	IF UNDER 24 HRS. HOURS MIN.
Male	Blac	k	9-	11 - 4 953 YEAR	30	YRS.		
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
Maryland	USA	1	WIDOW			tus		1M
ID CITY OR TOWN OF DEATH		HOSPITAL, NURSING	HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATI			OF BUSINESS OF
Baltimore	Churc	h Home I	Josp	oital	Military	F WORKING LIFE)	NDUSTRY	
USUAL RESIDENCE (IF NURSING HOME C 130. STATE 136 COL		13c. CITY OR TOWN		113d. INSIDE CITY LIMITS?	130. STREET ADDRESS			
Md.		Blatimor	e	YES NO	5116 Cha	lorove	ATP.	(21215)
4. FATHER'S NAME	WIDDLE	- LASI		15. MOTHER'S MAIDEN NA	WE		LAS	
Andrew		Alexander	Tre	Doris	WIDDLE		Hall	
60 WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECUR		17 INFORMANT	ADDR	SS		
	IVE WAR OR DATES)	216-6271	21	Doris Alexan	ndan = /a			
Yes	-			I-orra Wiexal	nder s/a	T	APPROX	MATE INTERVAL
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse per	line for (o), (b), and	(01.)			-	BETWEEN	ONSET AND DEATH
PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	N PART 1	0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b COND	ITION FOR WHICH C	PERATIC	ON WAS PERFORMED	YES NO	20b. IF YES, WE IN CERTIFYING		
710. ACCIDENT WAS UNDERLYING	7 21b. TIME O	FINJURY		21c HOW INJURY OCCUR	A		OR PART 2)	
OR COLUMNIA CALLER OF DE	HOUR A.	M. MONTH DAY	YEAR		TENER WATER OF MADE			
OR CONTINUOUS ACTION OF A COSE OF DIA 21d INJURY OCCURRED WHITE NOT WHITE AT WORK AT WORK		REET, FACTORY, OFFICE, FAR		ZII LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
sow the decased olive o	n APRIL 1	1 19_8		nd that in (my) (our) opinion i	to APRIL deoth occurred on the d	ote and hour and		
A Non	emi	m,	2		MEDICAL STA		4/ PATE	SIGNED
ATAOLLAH NAZ					CH HOSPITAL	TMORE N	4D 2	1231
30 BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N/	AME OF	CEMETERY OR CREMATORY	23d. LOCATION		UNTY	STATE
Buri al	4-16-	84 Ga	rris	on Forest Ce	m Baltim			yland
4 FUNERAL DIRECTOR				250. DAT	E REC'D. BY REGISTRAR	250 REGISTRAR		-
Brown/Thompso	n FH 1	913 W. B.	altin	nore St. Af	N 10 1904	julia Davy	dson-1	fandell

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and control of the distance of the buriol-transit permit. Then please remove corbon papers. Pages the control of Health and Mental Hygiene prior to buriol, cremation, or removal.

WICKTART: If hem 21 is marked or hem 18 shows any injury, or other troumatic event, the medical

A something the contract to th TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and coshold be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

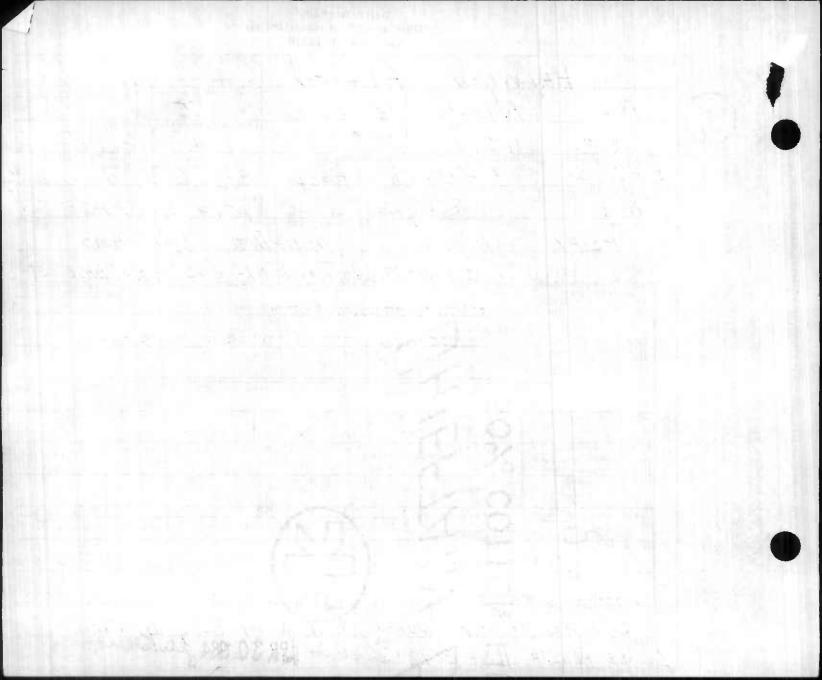
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AT HYGIENE CERTIFICATE OF DEATH

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1-	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND WENT ALTH CERTIFICATE OF DEATH		, ,	
				REG. N		
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
Links	E OR PRINT)	MARIS.	41-501-0		1001	2000
-	1177	VVIII	I I want I V V	APRIL 25	1984	306pm
3. SE	X 4. F	RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR	IF UNDER 24 HRS
	11/2	NIFEED	MONTH DAY YEAR	75		HOOKS MIN
-	111	11/67/10	2-31 08		YRS.	
		CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF DEATH	4
1	COUNTRY)	11 < A		T R	DITA 12	7
1	NIC	4.0,11	WIDOWED DIVORCED		7610 7	/ V M
10 C	ITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	126. KIND (OF BUSINESS O
1	34610.	(IF NOT IN SUCH FACILITY, GIVE STREET A	ADDRESS)	(TYPE OF WORK FOR MOSTA	F WORKING LIFE INDUSTRY	11
X	711213	LIDRS	V 1107	1. heads	a Souls	1=1 - Y2.0
USU	AL RESIDENCE (IF NURSING HOME OR OTH STATE 1 1136, COUNTY		ADMISSION)	13e. STREET ADDRESS	-4/2	213
130. 3	136 COUNTY	13c GIFY OR TOWN		138. STREET ADDRESS	E DUDE	7
	1114	10 TA	/O' YES NO	11519	2. [111]	12 0
14 FA	ATHER'S NAME		15 MOTHER'S MAIDEN			
V	FIRST / = / MIDI	DIE NICIASI	15951 C-1	oll a MIDDLE	1/2//1000	51
	176 EX	17/10/6	111171	11111 11	11/11/11	
	WAS DECEASED EVER IN U.S. ARME		RITY NO. 17. INFORMANT	ADDR	ESS	
- (YES, NO OR UNKNOWN) (IF YES GIVE W	(AR OR DATES) 2/2-10-	-0932 Dorothy 1	RI Sand 15"	16 F. DUD	FF ST
	YEIWW	11 212-10	133 Dorolly 1	MYDIA 12	1/1/1/11/11	7 01
	18 CAUSE OF DEATH (Enter only o	one couse per line for (a), (b), and	dieu)		BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED B	BY:			25, 45, 45	The second
	IMMEDIATE C	CAUSE (0) ACUTE MY	OCARDIAL INFAR	CTION		
	4/00					
1	1100	DUE TO, OR AS A CONSEQUE				
	Conditions, if ony, which	(b) ARTERIOR	SCLEROTIC CARD	IOVASCULAR	DISEASE	
	gove rise to immediate cause (a), stating the	}				
	underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF			
		(c)				
	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1	0
CERTIFICATION				l es entropeso	Lan IS MES WIFE FINE	
.S	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDS IN CERTIFYING CAUSES	NGS USED
프		Charles III To the con-		YES NOT	YES 🗆	NO 🗆
2	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71, HOW INTURY OCC			
Ü		HOUR A.M. MONTH DA		JRRED (ENTER NATURE OF INJU	NT IN HEM IS PART I OF PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEATH	and the second	19			
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	211 LOCATION			
E	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA		CITY OR TO	OWN COUNTY	STATE
>	WHILE NOT WHILE AT WORK	The state of the s				
			3 D D 3 4	04 300 0	E 0.4	~
	22a I certify that (I) (his hospital)			84 to APR 2		that (I) we la
	sow the deceased alive on A	PR 25 19	84, and that in (my) (our) opinio	on death accorred on the d	ate and hour and from the	couses stoted
	dodve, (I) we laid I did hot v	new the body after death.			I an an are	CICNED
	226. SIGNATURE		DEGREE		111	SIGNED
	Mr. No	Geni n	ATTENDING			-5/8
			FITISICIAN	DIRECTOR PHYSIC		-/ -
	22d. PHYSICIAN'S NAME (1111 OF		22e ADDRESS CHU	RCH HOSPIT	AL	
			200			
		(A 1/ LINI)	100 N	. BROADWAY	BALTO. MD	77777
_	ATAOLIAN F N	IAZEMI	1001	· DITOTIDITIE	DALLO IND	2123]
	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR		DAHIO. MD	
					COUNTY 20	2123
	BURIAL, CREMATION, REMOVAL (SPECIFY) BUPIAL				velle-i-m	
	BURIAL, CREMATION, REMOVAL				velle-i-m	
	BURIAL, CREMATION, REMOVAL (SPECIFY) BUPIAL				melle-i-M	

DHMH - 16 50M 4/82 (VRA 15, 4)

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	ECEASED NAME FIRST		WIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b HOI	
	Josephi	ne	Edith		Alimo			4	8	84	052	0
1.5E	×	RACE	42 011	5. DATE O			6. AGE (IN YEARS LAST BIR	THDAY	IF UND	ERIYEAR	IF UNDE	R 24 HRS
	Female	White	9	MONTH		EAR	. AGE THE TEAMS CAST DE		MONTHS		HOURS	MIN.
12		WILL OF		6	1/4	02	81	YRS				
		& CITIZEN OF	WHAT COUNTRY	? 8.			9. BALTIMORE CITY C	R COUN	TY OF D	EATH		
	Maryland	77 /	7 4		D NEVER MARR		Baltimor	e.Ci	to			
Section 1		U	5 A.	WIDOWE	144	Transel .						MD.
10 C	ITY OR TOWN OF DEATH	I I NAME OF	HOSPITAL, NURSI CH FACILITY, GIVE STREE	NG HOME (OR OTHER INSTITUT	ION	120 USUAL OCCUPAT			KIND O	F BUSIN	ESS OR
1	Baltimore /	- mar 4	mes Host				Homemaker	JF WURKING	(Inte)	wn H	ome	
USU			GIVE RESIDENCE BEFOR				Homomartez			WII I	TOTAL	
	STATE THE COUNT		13c. CITY OR TOV	NN	134 INSIDE CITY LE	MITS?	13e STREET ADDRESS					
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14_E	ATHER'S NAME	wer and			15. MOTHER'S MAI	DEN NAM				- day	700	616
		HOOLE	EAST		FIRST		MIOOLE			LAS		
	Vincent		Alascio		Concet	ta				Geno	Vese	3
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=			1		Wese Del	TOAT	8 LIDT SHIF	IOGTII				
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane couse per	line for (g), (b), or	nd (c).	A	4				APPROXI BETWEEN	DNSET AND	DEATH
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	Conditions, if any, which	(Porohail	0 110	11110.							
	gove rise to immediate	(b)_	Lecente	E P	my co				_			
	couse (a), stating the	DUE TO. O	R AS A CONSEQU	JENCE OF	,	-	· A.					
	underlying cause last.	1	Hyperter	non	, ceuch	11/6	lation , AS	10				
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Ĕ							100		TIFYING	CAUSES		
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	sow the deceased alive on above, (1) (we) (did) (did not	vietu tila hadu	ofter death	و مهاد	nd that in (my) (our)	opinion d	leath accurred on the de	ate and h	our and f	rom the	couses st	ated
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	alla V.	neue	do MI)	PHYSI	ICIAN [4/8	10	7
	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)			22e ADDRESS			7		1	-	1
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	BURIAL, CREMATION, REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION					
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24.5					wn Cemate		Woodlawn	Bal	LO	-	III.	
24 F	UNERAL DIRECTOROY & RL	ssell	Witzke Fu	uneral	Homa	25a DATE	RECID BY REGISTRAR	25 R 85	STAAR	MEMAY	dinde	22
	1630 Edmondson	AVA. C	atonavil1	le. Md	21228	API	7 9 1984	1				
		11000						100				

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TO HOSPITAL OR ATTENDING PHYSICIAN: The la

etained by the hospital or

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is morked or Hem 18 stokes ony injury, or other troumatic event, it

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DECEASE			MIDDLE	LA	ST .	20. DATE	OF DEATH MON	NIH DAY	YEAR	2b HOUI	R
	RAYMON	D	E	ALKE	RN		APRIL	15.	198	4 4:	45P
I. SEX		4 RACE		5. DATE OF	BIRTH DAY YEAR	6 AGE	IN YEARS LAST BIRTHDA	MONTH	DER 1 YEAR	IF UNDER S	24 HRS
MAL	E	WHIT	E		/19/1923	60		YRS.	J. JAI.S		,,,,,,,
a. BIRTHPL	ACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8.	□ NEVER MARRIED	_ 9 BALTI	MORE CITY OR C	OUNTY OF D	EATH		
ENTU		US	SA	WIDOWED			LTIMORI	E CIT	PΥ		MD.
	TOWN OF DEATH	11. NAME OF	HOSPITAL, NUR	SING HOME OF	OTHER INSTITUTION	120-445-	OCCLIPATION	12	KINDO	F BUSINE	SSOR
PAT	TIMORE	THE	JOHNS		S HOSPIT	-	011101	PRKING LIFE) I IN		MIL	т
USUAL RES	IDENCE (IF MURSING HOME	MOTHER INSTITUTION	GIVE RESIDENCE BEI	FORE ADMISSION)		4			DAW.		ــــــــــــــــــــــــــــــــــــــ
13a. STATE	TAND VIEW	INTY.	13c. CITY OR TO		13d INSIDE CITY LIMITS YES TO NO		T ADDRESS / ZI		. 7	123	1
MARY 4 FATHER			BALTI		15 MOTHER'S MAIDEN		N. BRC	DADWAY	76	143	
	FIRST	WIDDLE	LAST		FIRST		WIDDLE	-	LAS		
GROV	ER C. ALK		16b. SOCIAL SE	CLIPITY NO	ALTO MA	ARIE	ADDRESS		NKN	OWN_	
	OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	IN. SOCIAL SE	CORITI IVO.	Mrs. Su	2-1	10		0	, 2	1231
Y	ES W.	ω_{II}	B12120	868	ABOVE	Edu	iANds 2	01/V.	ProA	LUAY	
	AUSE OF DEATH (Enter of ART I DEATH WAS CAUS		r lige for (a), (b),	and (c), 1				-	BETWEEN	MATE IN EL	DEATH
COUS	e rise to immediate se (a), stating the	DUE TO, C	OR AS A CONSEC	QUENCE OF		<u></u>					
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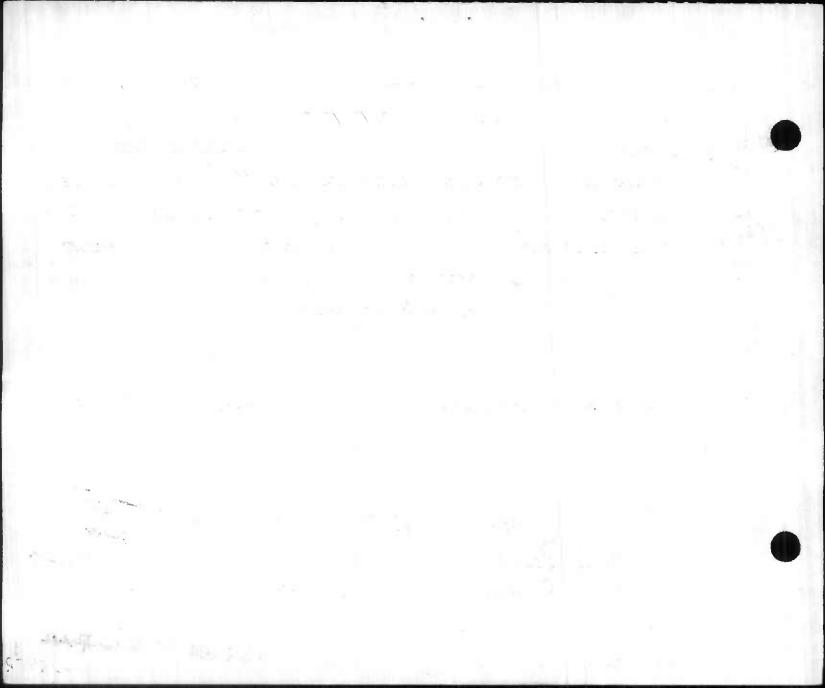
DHMH - 16 50M 4/B3 (VRA 15, 4)

shauld be detached far use as the burial-transit permit. Then please remove carbanpapi with the State Dept. af Health and Mental Hygiene priar ta burial, crematian, ar remava

TO FUNERAL DIRECTOR: After this certificate has been signed by the

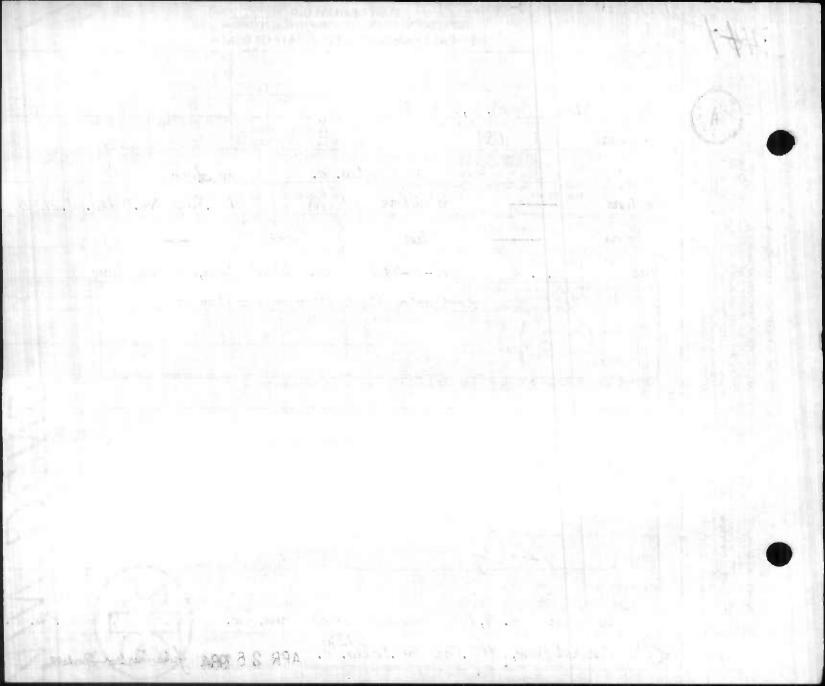
OR ATTENDING PHYSICIAN The lo

TO HOSPITAL



	STATE REGISTRAR CEASED NAME FIRST	MEDICAL EXAM	INER'S CERTIFICATE	20. DATE KNOWN	
(1)	Josej		Allen	DEATH MATED	4 22 1984
1. SE	ale White	March, 31, 1920 64		PRONOUNCED DEAD	4 22 1984 a
15	RTHPLACE (STATE OR BREIGN COUNTRY) Manyland	USA	MARRIED NEVER MARI		
	Baltimore	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE Mercy Hospital	Balto.Md.	120 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Stevensore	OF WORK 12b KIND OF BUSINESS OR INDUSTRY
13a	anyland 136. COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADA TY 13 CITY OR TOW	Se AER NO [e.Balto.Md.21230
1	James	MIDDLE Allum	15. MOTHER'S MAIL ERST anni	e middle	Kirby
	VAS DECEASED EVER IN U.S. ARA ES. NO, OR UNKNOWN) (IF YES, GIVE Yes	MED FORCES? WAR OR DATES) 212-18-9		ed Allen, Same a	s above
NO	Conditions, if any, which gove rise to immediate couse (a) stating the <u>underlying cause last.</u>	(b) DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	CE OF		· ·
LIFICATI	190. DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED?		20 AUTOPSY? YES XX NO □
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 19 21e PLACE OF INJURY (ATHOM STREET, FACTORY, FARM, ETC.)	'EAR	ED LENTER NATURE OF INJURY IN ITEM 18 P	COUNTY STATE
	AT WORK AT WORK 220. I certify that I took charg	e of the remains described above, held a	In <u>Autopsy</u> N Inspection Suicide , Homicide TITLE (SPECIFY)	Undetermined manner .	d in my opinion

20M 4/82



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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T. DECEASED NAME FIRST (TYPE OR PRINT) 3 SEX MAUE 70. BIRTHPLACE (STATE OR FOREIGN	MDDIE R. 1 RACE	ALLIJON IS, DATE OF BIRTH	REG. NO. 20. DATE OF DEATH MONTH	04 84 26. HOUR 4.00 &
MACE 70. BIRTHPLACE ISTATE OR FOREIGN		S DATE OF BIRTH		
	whiite	MONTH 24 1921	63 YRS.	
Alabama	76 CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	ity, Maryland MD.
Baltimore	(IF NOT IN SUCH FACILITY, GIVESTI	tan Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Machinist	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Aberdeen Prov.
13a. STATE	E OR OTHER INSTITUTION, GIVE RESIDENCE BE DUNTY 13c. CITY OR TO B AR timore	OWN 134 INSIDE CITY LIMITS?		e Dr. Balto Md.21
14 FATHER'S NAME FIRST Robert Allis		15 MOTHER'S MAIDEN N FRST Deleres	MIDDLE R	iscka
WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SI GIVE WAR OR DATES) 219-07		Allison 3502 P	Park Falls Dr. 212
gove rise to immediate couse (a), stoting the underlying couse last. PART 2. OTHER SIGNIFICATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSE	QUENCE OF TO DEATH BUT NOT RELATED TO THE TE	20a. AUTOBSY? 20b. IF Y	GIVEN IN PART 1(0) ZES, WERE FINDINGS USED THYING CAUSES OF DEATH?
	DEATH HOUR A.M. MONTH		YES NO	YES NO 8, PART 1 OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	21f. LOCATION	CITY OR TOWN	COUNTY STATE
sow the deceased alive	of live the folly after death	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	on death occurred on the date and hi	19, that (1) (we) lost bur and from the couses stated 22c. DATE/SIGNED 44484
22d. PHYSICIAN'S NAME (TY	PATEL MD	22e. ADDRESS OT OT	D SAMART	TAN M
230. BURIAL, CREMATION, REMOVE Burial	VAL 23b. DATE 2	731 NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION CITY OR TOWN	COUNTY STATE

BP. DHMH - 16 25M

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, hand 2 should be that the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, ar other troumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 leg

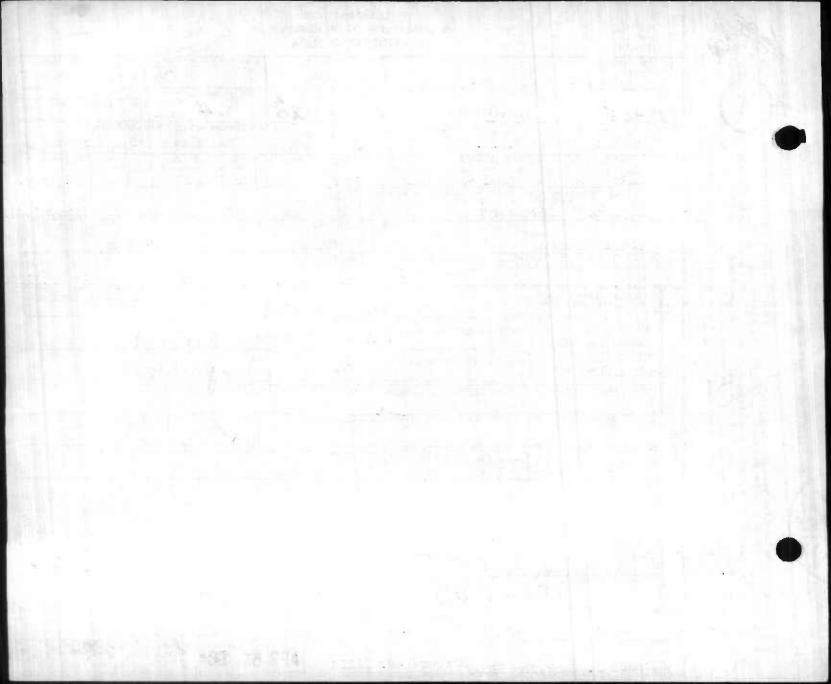
retained by the haspital or ottending physician.

(VR A 15 (4)) 9/74

Leonard J. Ruck, Inc 53 05 Harford Rd. 21214

APR 6

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be expected within 24 hours after death. Be retained by the hospital or attending physician. To FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely illed in by the triangle of the standard of the busici-fronts permit. Then please remove carboning and completely illed in by the triangle of the busici-fronts permit. Then please remove carboning are removed. **Attended by the busicial triangle of the please remove carboning are removed.** **Attended by the order of Heslin and Americal Physics principle of the please of Heslin and Americal Physics principle of the please of Heslin and Americal Physics principle of the please of Heslin and Americal Physics principle of Heslin and American and Physics principle of Heslin and Phy	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	X	21
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate by the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and compilerly tilled in by the location of a should be detected by the attending physician and be detected by the please time proving the proving the please time of the please time by the please time of		1	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely tilled in the relation of the account of the buriol-stoons the please remose carbon paper. Eggentre of a solution with the Store Deat, of Health and Mental Hydrene prior to buriol, cremation. The removal.	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Beath certificate be executed within 24 loads after usable; retained by the haspital or attending physician.	(
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attention by yellon and completely filled in by the functor should be detached for use as the buriol-transit permit. Then please rimose scarboningers Pages T and 2 together filled with 77% with the State Dept. of Health and Mental Hygiene prior to buriol, cremation.	differentiation 3 corrections district	

injury, or other traumatic event.

MPORTANT: If Hem 21 is morked or Item 18 shows

LassAhn Funeral Home

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	ICATE OF DEATH	4-07 PEG	107 4	2	
	CEASED NAME	FIRST		AIDDIE	ı	A5T	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(ITPE	OWPRINT	Eve]	.vn	P.	A	llison		4	17 84	м
3. SEX	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST B	RTHDAY	MONTHS DAYS	IF UNDER 24 HRS
1	FEMALE		WHITE		10	24 05	78	YRS		HOURS MIN.
	IRTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	ITY OF DEATH	
	Maryland		US.	A	WIDOW		BALTIMO	RE E	ITY	MD.
10 CI	TY OR TOWN OF DEA Baltimore	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET A Valther A	ADDRESS)	pt. C	170 USUAL OCCUPA (TYPE OF WORK FOR MOST Clerical		LUEE INDUSTRY	Balto.
	AL RESIDENCE (# NURS STATE Maryland	13b. COU		Baltimor	N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e.STREET ADDRESS	/ ZIP CO	Ave. Ap	
14. FA	THER'S NAME Philli	ip	MDDIE A.	Allisor	1	15. MOTHER'S MAIDEN NA Leanna	WE	(Coburn '	21206
16a V	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? VE WAR OR DATES)	219-10-6		17. INFORMANT Virginia A	. Allison 6		(212 Walther	/
CERTIFICATION	Conditions, if ony, gove rise to improve to the course to improve the course to the co	nediate ing the lost.	(c) CONDITIONS <u>CC</u>	hell	DEATH BUT	NOT RELATED TO THE TERM OF THE TERM NOT RELATED TO THE TERM OF THE TERM NOT RELATED TO THE TERM OF THE T	AINAL DISEASE OR CO	20b. IF Y	GIVEN IN PART 1 YES, WERE FIND HIFYING CAUSE YES	INGS USED
MEDICAL CER	21a. ACCIDENT WAS UNIT OR CONTRIBUTING (I) (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR! WHITE NOTIFY AT WORK AT WO	CAUSE OF DE	ATH HOUR A. R) P. 21e. PLACE	M. MONTH DA M.	19	211 LOCATION STREET	RED (ENTER NATURE OF IN		(COUNTY	STATE
	224 I certify that (1) sow the decease	(this bespeed glive or ded) (did no	ot) view the body	3/ 1 19_	17	nd that in (my) opinion DEGREE ATTENDING PHYSICIAN	/	AFF ICIAN []	27c DATE	18.84
23a E	BURIAL, CREMATION,	REMOVAL	73b. DATE 4-20-			EMETERY OR CREMATORY Wood Cemetery	23d. LOCATION CITY OR TOWN	Balt	imóre, M	/aryländ
_	UNERAL DIRECTOR	fu Neb	al Home	740 I ADDRESS BALT	BELA	RE RO APR	1 23 1984 g	25b REG	STRAR'S SIGNA	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

CASILI, The APR & S Both guide of the amel leasure house TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the hospital or attending physician.

within 24 hours

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

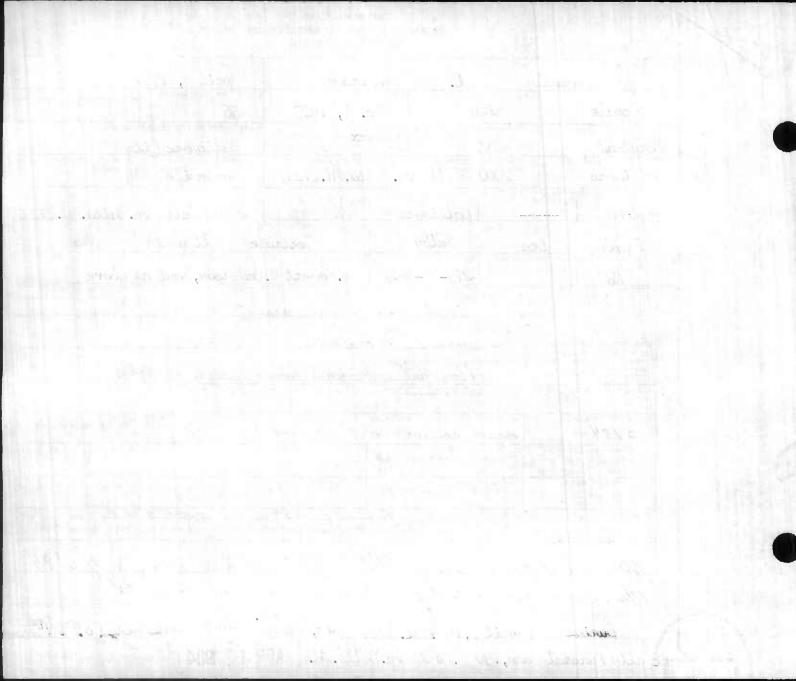
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' '	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	0		
	CEASED NAME	FIRST		MIDDLE		AST	20		MONIH DA	Y YEAR	26 HOUR
(TYPE	OR PRINT)	rothy		1.	Ano	lerson		April 4.	1984		
3. SEX		4. RA	CE		5. DATE C	OF BIRTH	6. /	AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
	Female		Whit	e	Dec	2. 4, 1927		56	YRS.	DAYS DAYS	HOURS MIN.
. 8	RTHPLACE (STATE OR FO	REIGN 76 CI	ITIZEN OF	WHAT COUNTRY?	II. MARRIEI	NEVER MARRIED	9 1	BALTIMORE CITY O		F DEATH	
	laryland		USA		WIDOWE		haran?	Baltimo		6	ME
	Baltimore	Н 11. г	# N2000	HEAGUIY, GREATRES A	DORESSID	to.Md.21237		USUAL OCCUPATION OF TOUS EUL	WORKING LIFE)		OF BUSINESS OR
13a. S	AL RESIDENCE (IF NURSINGSTATE	G HOME OR OTHER		GIVE RESIDENCE BEFORE 130. CITY OR TOWN Baltimon	4	138. INSIDE CITY LIMITS:		street address 2000 Ode	U Ave.	Balto	M. 212:
14. FA	ATHER'S NAME Frank	Lee		Selby		15 MOTHER'S MAIDEN		e Eliza	beth	Sh	st Law
	WAS DECEASED EVER IN	U.S. ARMED (IF YES, GIVE WAR		215-20-3		Mr. Robert	J.A	nderson, So	me as	above	
	18 CAUSE OF DEATH	(Enter only on	e couse per				0				IMATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNI	ON [19h COND	TION FOR WHICH	OPERATIO	NOT RELATED TO THE TE		200 AUTOPSY?	20b. IF YES,	WERE FINDI	
	21a. ACCIDENT WAS UNDE	AUSE OF DEATH	PID TIME O	F INJURY M. MONTH DA	Y YEAR	716 HOW INJURY OCC				T I OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICA 216. INJURY OCCURRE WHILE NOT WHILE AT WORK	D	P. Ple. PLACE (AT HOME, STE		19 ARM, ETC)	PII LOCATION		CITY OR TO)WN	COUNTY	STATE
	saw the deceased above (1) we) (di	The same of the sa	111 1	9 / 0	.16	nd that in (our) opini	nion deo	th occurred on the d	ote and hour o	and from the	that (I) (colors
	Marcell	1/1	Dens	elina	27/8	ATTENDING PHYSICIAN		MEDICAL STA		22c DATE	SIGNED 4
	Marcello	1 6	7	reburg		Union M			ospit	lal'	
-	BURIAL, CREMATION, R (SPECIFY) Buria	EMOVAL 23	b. DATE April	01 6	AME OF C	EMETERY OR CREMATOR		Oliver John	ontgome	sing 10	Maryland
	uneral director Cully Fune	eral Hon	ne, 130	E. FADDRESS.	Ave. B	1220 25a 1	APR	1 2 1984	Julia Da	AR'S SIGNAT	

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP_

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishauld be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 12 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR							REG. NO.			
		EASED NAME OR PRINT) GEO		orge	lerick A	eric	Anderson	20. DATE OF DI	EATH MONTH	19 19	84	26. HOUR /2:50
3.	SEX		0 1	RACE		5. DATE C		6. AGE (IN YEAR			HS DAYS	IF UNDER 24 HRS HOURS MIN.
1	IVI	ale	50	Cauc	asin	04	1 1 - 0		81 YR	S.		
70		RTHPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY?	8 AA A PRIFI	D NEVER MARRIED	9 BALTIMORE	CITY OR COU	NTY OF	DEATH	
1	M	äryland		U.S.	Α.	WIDOWE		Balt	timore	Ci	ty	M
10		TY OR TOWN OF DE.		1. NAME OF	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OC	CUPATION OR MOST OF WORKIN		26. KIND C	F BUSINESS O
1	B	altimore	/	St	Agnes H	ospit	tal	Manag		I	Auto	Parts
Y	JSUA 3a S	A RESIDENCE (IF NUR	COUNT	Y	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET AD	DRESS / ZIP C	ODE		
1		Md.	Balt	imore	Caton		@ES ☐ NO X		de Ave	nue	2122	28
M	4 FA	THER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN NA		WIDDLE		LAS	ST.
Y		John	F	1	Anderso	n	Laura		A		Her	ring
13	60 W	AS DECEASED EVER		NED FORCES?	166 SOCIAL SECL		17. INFORMANT		ADDRESS			
1	1.	ES. NO OR UNKNOWN)	(* 105, 511	WAN ON DATES?	213-01	-3980	Jane A. Ma	acNabb	2 Wade	e A	venue	e 2122
F		18 CAUSE OF DEAT	TH (Enter only	one cause per	line far (a), (b), an	id (c)					BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH V			Cardia	recoi	ratory A	rrest				
	7	1101.13	IMMEDIATE	CAUSE (a)	CAINID	SFI	7					
1		4860		DUE TO, O	R AS A CONSEOU		1. 10	7 : 0-	10	100		
1		Conditions, if ony		DUE TO, O			nia + S	eptice	mia			
		Conditions, if ony gove rise to im cause (a), stati	mediote	(b)	Pneu	mo	nia + S	eptice	mia			
		gove rise to im	mediote ng the	(b)		mo	nia + So	eptice	mia			
1		gove rise to im cause (a), stati underlying cause	mediate ng the e last.	(b)	Pneu R AS A CONSEOU	MO CENCE OF				GIVEN	IN PART to	a
	NO	gove rise to im cause (a), stati underlying cause	mediate ng the e last.	(b)	Pneu R AS A CONSEOU	MO CENCE OF	NOT RELATED TO THE TERM			GIVEN	IN PART to	a
	ATION	gove rise to im cause (a1), stati underlying cause	mediate ng the e last. NIFICANT CO	DUE TO, O	PARUSEOU DITRIBUTING TO OMA UR	ENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE C	DR CONDITION			a- NGS USED
	FICATION	gove rise to im cause (a), stati underlying cause	mediate ng the e last. NIFICANT CO	DUE TO, O	PARUSEOU DITRIBUTING TO OMA UR	ENCE OF		CHF	DR CONDITION SY? 206. IF	YES, W	ERE FINDI	NGS USED OF DEATH?
7	RTIFICATION	gove rise to im cause (a), stati underlying cause PART 2 OTHER SIG S P, 1% DATE OF OPERA	mediate ng the e last. NIFICANT CO	DUE TO, O (c) DIDITIONS CO 19b. COND	PARU R AS A CONSEOU DITRIBUTING TO ONG WE ITION FOR WHICH	ENCE OF	NOT RELATED TO THE TERM COPD — O	CHF 200 AUTOPS YES N	DR CONDITION 5Y? 20b. If IN CE	YES, W RTIFYIN YES	ERE FINDIE G CAUSES	NGS USED
	CERTIFICATION	gove rise to imcause (a), stati underlying cause PART 2 OTHER SIG S P, 19a DATE OF OPERA	mediate ng the e last. NIFICANT CO CAM ATION	DUE TO, O Ic) DIVIDITIONS CO 19b. COND 21b. TIME C	PARU R AS A CONSEOU DITRIBUTING TO ONG WE ITION FOR WHICH	ENCE OF DEATH BUT	NOT RELATED TO THE TERM	CHF 200 AUTOPS YES N	DR CONDITION 5Y? 20b. If IN CE	YES, W RTIFYIN YES	ERE FINDIE G CAUSES	NGS USED OF DEATH?
F 8		gove rise to im cause (a), stati underlying cause PART 2 OTHER SIG SIP 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING	mediate ng the e last. NIFICANT CO CAM IDERLYING CAUSE OF DEAT.	DUE TO, O CO TODODITIONS CO THE TODODITIONS	PARU R AS A CONSEOU DITRIBUTING TO ONG UP ITION FOR WHICH	ENCE OF DEATH BUT	NOT RELATED TO THE TERM COPD — O	CHF 200 AUTOPS YES N	DR CONDITION 5Y? 20b. If IN CE	YES, W RTIFYIN YES	ERE FINDIE G CAUSES	NGS USED OF DEATH?
F 8		gove rise to imcause (a), stati underlying cause PART 2 OTHER SIG S P, 19a DATE OF OPERA	mediate mg the e last. NIFICANT CO CAM IDERLYING CAUSE OF DEAT ICAL EXAMINER)	DUE TO, O (c) DIDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e PLACE	PARU R AS A CONSEOU DATRIBUTING TO DATRIBUTING TO DATRIBUTING TO MACHINE INJURY MACHINE INJURY MACHINE INJURY MACHINE INJURY	DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM COPD— N WAS PERFORMED 216. HOW INJURY OCCUR	AINAL DISEASE CO	20b. IF	YES, W RTIFYIN YES	ERE FINDIR G CAUSES OR PART 2)	NGS USED OF DEATH?
	CAL	gove rise to im cause (a), stati underlying cause PART 2 OTHER SIG S P, 19th DATE OF OPERA OR CONTRIBUTING CIFETIMER, NOTIFY MED 21d INJURY OCCUR	mediate mg the e last. NIFICANT COMMITTEE MITTER MEDIATE CAUSE OF DEAT MICHAEL EXAMINER) RED HILE	DUE TO, O (c) DIDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e PLACE	PARU R AS A CONSEOU DITRIBUTING TO THE WHICH THE INJURY M. MONTH D M.	DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM COPD - 10 N WAS PERFORMED 21c. HOW INJURY OCCUR	AINAL DISEASE CO	DR CONDITION 5Y? 20b. If IN CE	YES, W RTIFYIN YES	ERE FINDIE G CAUSES	NGS USED OF DEATH?
		gove rise to im cause (a), stati underlying cause (b). PART 2 OTHER SIG S P, (b) DATE OF OPERA (c) DENT WAS UN OR CONTRIBUTING (FETTHER, NOTHER WALL OF COUR WALL	mediate mg the e lost. NIFICANT CO COM IDERLYING CAUSE OF DEAT ICAL EXAMINER) THERE THILE THI	DUE TO, O ONDITIONS CO 19b. COND 19b. COND 21b. TIME O HOUR A. 21e PLACE (AT HOME, 516	PARU R AS A CONSEOU DITINIBUTING TO ON A UP ITION FOR WHICH OF INJURY M. MONTH D OF INJURY REEL FACTORY, OFFICE, I	DEATH BUT OPERATIO AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM COPD— N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET	AINAL DISEASE C	OR CONDITION SY? 20b. IF IN CE IN CE RE OF INJURY IN ITEM	YES, W RTIFYIN YES [ERE FINDING CAUSES OR PART 2) COUNTY	NGS USED OF DEATH? NO
		gove rise to im cause (a), stati underlying cause (b), stati underlying cause (b). PART 2 OTHER SIG S P. 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER. NOTIFY MED AT WORK IN TOWN AT WAS A WAS A WORK IN TOWN AT WORK IN TOWN AT WAS A WA	mediate mg the e last. NIFICANT CO CAM IDERLYING CAUSE OF DEAT ICAL EXAMINER) RED HILE CO I this haspite sed alive on _	DUE TO, O (c) DIDITIONS CO 19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STI	PARU R AS A CONSEOU DITRIBUTING TO THE PARU AND TO THE PARU M. MONTH D M. MONTH D M. MONTH D M. MORTH D M. MORTH D M. GET, FACTORY, OFFICE, 1949 Get deceosed from 1949	DEATH BUT OPERATIO AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM COPD— N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET	AINAL DISEASE CO	20b. IF NO PROPERTY IN ITEM RE OF INJURY IN ITEM	YES, W RTIFYIN YES [ERE FIND II G CAUSES OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
		gove rise to im cause (a), stati underlying cause (b), stati underlying cause (b), stati underlying cause (b), stati underlying cause (b), stati underlying (c), stati underlyin	mediate mg the e last. NIFICANT CO CAM IDERLYING CAUSE OF DEAT ICAL EXAMINER) RED HILE CO I this haspite sed alive on _	DUE TO, O (c) DIDITIONS CO 19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STI	PARU R AS A CONSEOU DITRIBUTING TO THE PARU AND TO THE PARU M. MONTH D M. MONTH D M. MONTH D M. MORTH D M. MORTH D M. GET, FACTORY, OFFICE, 1949 Get deceosed from 1949	ENCE OF DEATH BUT I OPERATIO AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM COPD N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET 19. 64 and that in (my) (our) opinion	AINAL DISEASE CO	20b. IF NO PROPERTY IN ITEM RE OF INJURY IN ITEM	YES, W RTIFYIN YES [COUNTY COUNTY d fram the	NGS USED OF DEATH? NO STATE that (I) (we) locauses stated
		gove rise to im cause (a), stati underlying cause (b), stati underlying cause (b). PART 2 OTHER SIG S P. 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER. NOTIFY MED AT WORK IN TOWN AT WAS A WAS A WORK IN TOWN AT WORK IN TOWN AT WAS A WA	mediate mg the e last. NIFICANT CO CAM IDERLYING CAUSE OF DEAT ICAL EXAMINER) RED HILE CO I this haspite sed alive on _	DUE TO, O (c) DIDITIONS CO 19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STI	PARU R AS A CONSEOU DITRIBUTING TO THE PARU AND TO THE PARU M. MONTH D M. MONTH D M. MONTH D M. MORTH D M. MORTH D M. GET, FACTORY, OFFICE, 1949 Get deceosed from 1949	ENCE OF DEATH BUT I OPERATIO AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM COPD— N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET 19 d that in (my) (our) opinion DEGREE ATTENDING	ZOO AUTOPS YES NEED (ENTER NATUR death accurred of	20b. IF NO PROPERTY IN ITEM CITY OR TOWN STAFF	YES, W RTIFYIN YES [18 PART I	ERE FIND II G CAUSES OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
		gove rise to im cause (a), stati underlying cause PART 2 OTHER SIG S P 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER, NOTIFY MED 21a IN JURY OCCUR WHILE AT WORK AT WORK 22a I certify that (I saw the decease above, (I) (we) (22b. SIGNATURE	mediate mg the e last. NIFICANT CO CAM IDERLYING CAUSE OF DEATH ICAL EXAMINER) RED Ithic condid (did not)	DUE TO, O Ic) DIDITIONS CO 19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STO) view the body	PARU R AS A CONSEOU DITRIBUTING TO THE PARU AND TO THE PARU M. MONTH D M. MONTH D M. MONTH D M. MORTH D M. MORTH D M. GET, FACTORY, OFFICE, 1949 Get deceosed from 1949	ENCE OF DEATH BUT I OPERATIO AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM COPD— N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET 19 4 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [AINAL DISEASE CO	20b. IF NO PROPERTY IN ITEM CITY OR TOWN STAFF	YES, W RTIFYIN YES [18 PART I	COUNTY COUNTY d fram the	NGS USED OF DEATH? NO STATE
		gove rise to im cause (a), stati underlying cause (b), stati underlying cause (b), stati underlying cause (b), stati underlying cause (b), stati underlying (c), stati underlyin	mediate mg the e last. NIFICANT CO CAM IDERLYING CAUSE OF DEATH ICAL EXAMINER) RED Ithic condid (did not)	DUE TO, O Ic) DIDITIONS CO 19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e PLACE (AT HOME STILL VIEW the body PRINT)	PARLU R AS A CONSEOU DITRIBUTING TO THE PARLU THE	ENCE OF DEATH BUT I OPERATIO AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM COPD N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 21l. LOCATION STREET ATTENDING PHYSICIAN [22e. ADDRESS	ZON AUTOPS YES N RED (ENTER NATUR death accurred of MEDICAL DIRECTOR D	20b. IF IN CE RE OF INJURY IN ITEM CITY OR TOWN STAFF PHYSICIAN	YES, WARTIFYIN YES [18 PART I	COUNTY d from the	NGS USED OF DEATH? NO STATE that (I) (we) laccauses stated SIGNED
F 8		gove rise to im cause (a), stati underlying cause PART 2 OTHER SIG S P 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER, NOTIFY MED 21a IN JURY OCCUR WHILE AT WORK AT WORK 22a I certify that (I saw the decease above, (I) (we) (22b. SIGNATURE	mediate mg the e last. NIFICANT CO CAM IDERLYING CAUSE OF DEATH ICAL EXAMINER) RED Ithic condid (did not)	DUE TO, O Ic) DIDITIONS CO 19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e PLACE (AT HOME STILL VIEW the body	PARLU R AS A CONSEOU DITRIBUTING TO THE PARLU THE	ENCE OF DEATH BUT I OPERATIO AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM COPD N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 21l. LOCATION STREET ATTENDING PHYSICIAN [22e. ADDRESS	ZON AUTOPS YES N RED (ENTER NATUR death accurred of MEDICAL DIRECTOR D	20b. IF IN CE RE OF INJURY IN ITEM CITY OR TOWN STAFF PHYSICIAN	YES, WARTIFYIN YES [18 PART I	COUNTY d from the	NGS USED OF DEATH? NO STATE that (I) (we) laccauses stated SIGNED
	MEDICAL	gove rise to im cause (a), stati underlying cause (b), stati underlying cause (b) and the cause (b) and the cause (b) and the cause (c) and the constant (c) and the cause (c) and the constant (c) and the consta	mediate my the e last. NIFICANT CO CAM DERLYING CAUSE OF DEAT ICAL EXAMINER) PRED HILE CAUSE OF DEAT Gold (did not) AME (TYPE)	DUE TO, O Ic) DIDITIONS CO 19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STO) view the body	P neu R AS A CONSEOU DITINITY M. MONTH D OF INJURY REF. FACTORY, OFFICE. Office deceosed from offer deoth.	ENCE OF DEATH BUT I OPERATIO AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM COPD— N WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET 19 4 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [AINAL DISEASE C CHF 200 AUTOPS YES N RED (ENTER NATUR death accurred of the content of the	20b. IF IN CE RE OF INJURY IN ITEM CITY OR TOWN STAFF PHYSICIAN [YES, W RTIFYIN YES [18 PART I	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) lo causes stated SIGNED 19 18 4
	WEDICAL 38. B	gove rise to im cause (a), stati underlying cause PART 2 OTHER SIG S P, 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d IN JURY OCCUB AT WORK NOTIFY ACT 22a I certify that (I saw the decea above, (I) (we)) 22b. SIGNATURE 22d. PHYSICIAN'S N Raa Fa	ME (TYPE	DUE TO, O IC) DNDITIONS CO 19b. COND 19b. COND 21b. TIME C HOUR A. HOUR A. HOUR A. JIL VIEW the body PRINT!	P neu R AS A CONSEOU DITINITY M. MONTH D ME INJURY REEL FACTORY, OFFICE, I ofter deoth. 231. S	ENCE OF DEATH BUT I OPERATIO AY YEAR 19 FARM ETC)	NOT RELATED TO THE TERM COPD - OF D -	ANNAL DISEASE COLOR TO THE PROPERTY OF THE PRO	20b. IF IN CE RE OF INJURY IN ITEM CITY OR TOWN STAFF PHYSICIAN [YES, WRITIFYIN YES [18 PART 19 haur and Ba	COUNTY d from the	NGS USED OF DEATH? NO STATE that (I) (we) laccauses stated SIGNED

Catonsville,

Home,

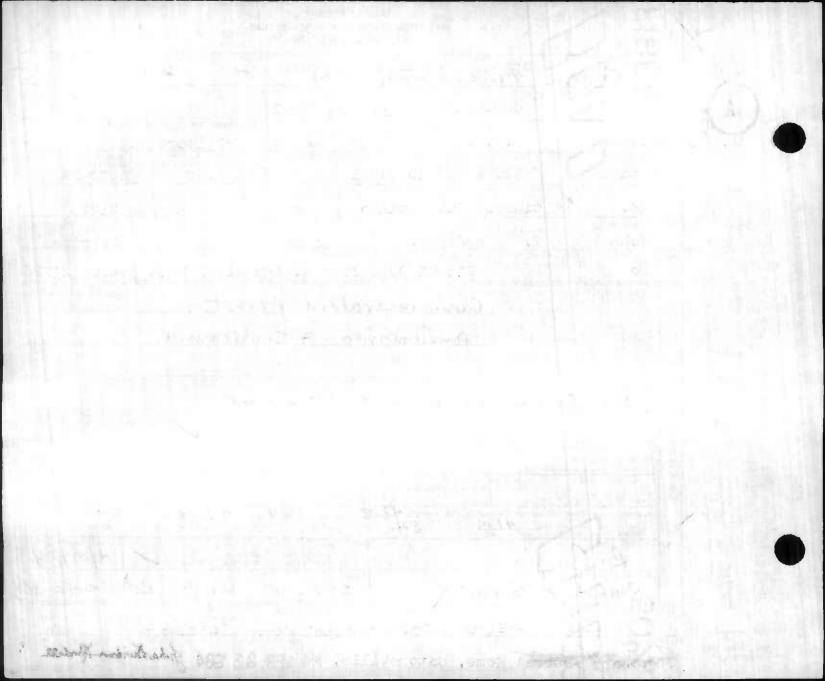
DHMH - 16 50M 4/83 (VRA 15, 4)

Mac Nabb Funeral

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the hospital or attending physician.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

27%	Free			
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	REG 1	V()		

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.	3	
I. DECEASED NAME	FIRST	MIDDLE	1.	AST	20 DATE OF DEATH			26 HOUR
(TYPE OR PRINT)	IRIS	Μ.	ANDE	RSON		4 26	84	8:45
3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY) IF L	UNDER I YEAR	# UNDER 24 HRS
Female	. W	hite	MONTH	29 YEAR 20	64	YRS	THS DATS	HOURS MIN.
To. BIRTHPLACE (STATE C	OR FOREIGN 76 CITIZE	N OF WHAT COUNTRY?	8	_/	9 BALTIMORE CITY		DEATH	
Maryland	u E	SA	WIDOWE	NEVER MARRIED DIVORCED	BA BA	LTIMORE (CITY	M
10. CITY OR TOWN OF D	FATH III. NAM	E OF HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP			OF BUSINESS OR
BALTIMORE	(IF NO	T IN SUCH FACILITY, GIVE STREET HE UNION MEN	ADDRESS) AORIAI	HOSPITAL 18	Housew		INDUSTRY	
USUAL RESIDENCE (IF NI 130. STATE	IRSING HOME OR OTHER INSTI	TUTION, GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP CODE		
Maryland		Baltime		YES X NO	3450 El	m Avenue	212	211
4 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LA	
Charles	MIDDLE	Chew		Fannie	MIDDLE			lor
60 WAS DECEASED EV		CES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADI	DRESS	= 47	101
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DA	219-07-	1579	F. Glen And	erson 3450	Elm Ave	nua	21211
	A711.5	ise per line for (a), (b), an		- OTCH THIC	C15011 3430	Dani 11VC	Approx	XMATE INTERVAL ONSET AND DEATH
	tring the DUE		EROSIS	AAORTA +I				
In the second second	C HEART D							
M DATE OF OPER	RATION 196 (CONDITION FOR WHICH			20a AUTOPSY?	20b. IF YES, W		INGS USED S OF DEATH?
= 4/25/84		ENOSIS (CEL	IAC AZ	IS & BOWEL ISCHA	DON DRAMES	YES [№ □
0.0.00.170.01.01.00	CAUSE OF DEATH HO	IME OF INJURY UR A.M. MONTH DA P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF)	SJURY IN ITEM IB PART	I OR PART 2)	
OR CONTRIBUTING L (IF EITHER, NOTIFY M 21d IN JURY OCCU WHILE NOT AT WORK		LACE OF INJURY DME STREET, FACTORY, OFFICE, F	ARM, ETC)	ZII LOCATION STREET	CITY O	RIOWN	COUNTY	STATE
sow the dece	(I) (this hospital) attendated office on	ded the deceased from		nd that in (my) (our) opinion	death occurred on the	date and hour a		, that (I) (we) los e couses stated
226. SIGNATURE	Ene La	el		DEGREE ATTENDING PHYSICIAN [MEDICAL S	TAFF SICIAN (22c. DATE	26/84
W. ERIC	NAME (TYPE OR PRINT)			UNION A	LEMORIAL	- 140SP	ITA	_
30. BURIAL, CREMATIO	N, REMOVAL 23b. DA	ATE 23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE
(SPECIFY) Buria	1 4/	30/84 T	oudon	Park Cemeter		imore		Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather troumatic event, th

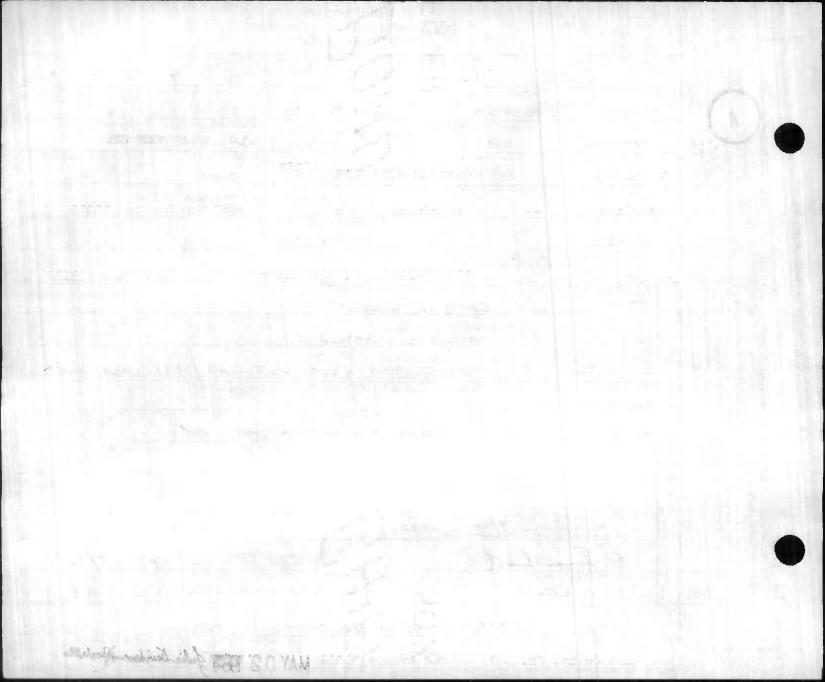
MPORTANT: If Hem 21 is morked or Item 18 shaws ony

FOR

A. Alan Seitz, Jr. 3818 Roland Avenue 21211

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

AV 0 2 The July Swiden Rondon



BP. DHMH - 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

REG.	NO.	6
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	1-	FOR STATE			EPARTMENT OF		AND MENT		4 7 O	9 6		
		REGISTRAR	FIRST	MILD	MIDDLE	EK 3 C	EKTIFICA	L OI DE		6. NO.		
П	(TYP	CEASED NAME ROBE			MIDDLE		[ASI		OF ESTI-	MONTH WONTH	DAY YEAR	26 HOUR
		voge	ROBE	RT	D. /	ANDER	SON		DEATH MATED	□ 4-26	-8419	M
	3. SEX	4 RA	CE 3	DATE OF BIRTH	6. AGE (IN YE LAST BIRTHD			NDER 24 HRS.	2c. DATE PRONOUNCED	4-26	DAY YEAR	6:02P
			hite	3 15		RS.			DEAD	7 20	19	1.02 M
1		RTHPLACE (STATE OF	17	CITIZEN OF WH	AT COUNTRY?	8. MARRI	ED KNEVER	MARRIED []	1. BALTIMORE CI	Y OR COUNTY	OF DEATH	==
		Ky.		U. S. A.		WIDOW		VORCED	Baltimo	re City		MD.
10	10. CI	TY OR TOWN OF DE	EATH I	1 NAME OF HOSP	ITAL, NURSING HOMI	E, OR OTH	_	12a. USU	JAL OCCUPATION	(TYPE OF WORK	2h. KIND OF BU OR INDUST	JSINESS
5		altimore		Univers	ity Hospita				most of working life) ager of B		_	KT
L	13a. S		13b COUNTY	OTHER INSTITUTION, GIVE	13c. CITY OR TOWN Balto.	ON)	13d. INSIDE CITY LIN	115? 13a STRI	EET ADDRESS B	alto., 1	Md.	
4	14 E	THER'S NAME			Dar 00.		15. MOTHER'S		Deimsti	DU. #21.	26)	
0	17.12	Robert		N.	LAST		Claudi	la	MIDDLE		Halcolm	ıb
	16a. V	VAS DECEASED EVE	R IN U.S. ARME		16b. SOCIAL SECURIT	Y NO.	17. INFORMANT	2657 I	ehman 30	Balt #21	o., Md.	
		No					Desire	A. Alidel	.5011	77-2.1		
П					or (a), (b), and (c).)						APPROXIMATE BETWEEN ONSE	
		11597	IMMEDIATE	CAUSE (o) Art	eriosclero	tic c	ardiova	scular	disease		-	
		4212	and a		S A CONSEQUENCE							
		Conditions, if		1								
		gove rise to cause (o) statir		(b)	S A CONSEQUENCE	OF.						
		lying couse las		DOE 10, OR 2	G A CONSEQUENCE	OF						
П		PART 2 OTNER SIGNIFICA	ANT CONDITIONS CO	NTRIBITING TO BEATN BE	JT NOT RELATED TO THE TERM	IINAL BICEAC	DR (DABITION CIVE	N SAL BART 1				
	MEDICAL CERTIFICATION			The state of the s	NOT WELLIED TO THE TERM	MAL BISCAS	OK COMPITION GIVE	N IN PART 1 (g)				
П	AT	190. DATE OF OPER	RATION	196. CONDITI	ON FOR WHICH OPER	N NOITA	AS PERFORMED	?		3	20 AUTOPSY	?
	TFK										YES XX	NO []
7	W	210 EXTERNAL CA	USEWAS	21b. TIME OF			OW INJURY OCC	URRED LENTER	NATURE OF INJURY IN ITE	M 18 PART 1 OR PART		
5	ALC	UNDERLYING CONTRIBUTING	OR OF DE		MONTH DAY YEAR	2						
	DIC	21d. INJURY OCCU		21e PLACE O	F INJURY (AT HOME.	21f. LO	CATION					
	ME	WHILE NO	T WHILE		DRY, FARM, ETC.)		TREET		CITY OR TOWN	COUN	4FY	STATE
		AT WORK AT	WORK									
		22a I certify tha	t I toak charge	of the remains descr	ribed obove, held an	Autop	sy XX, Inst	pection .	Inquiry .	and in my opir	non	
		death resulted fra	m: Natural	couses X	Accident . Su	icide	Homicide	. Undet	ermined manner			
			1	•	A		TITLE (SPECI					
Š.		ACTUAL SIGNATURE	Mar	Marto)	The you	11 "	Assist	ant	ICAL EXAMINER	DATE	4-27-84	4
		SIGITATORE			4	ant w	0	WED	CALEXAMINER	SIGNED		
À		(TYPE OR PRINT)	Mar	garita A.	Korell, M.	D.	ADDRESS	111 Pe	nn Street	t	A 10	
		URIAL, CREMATION,	REMOVAL 23b	DATE	23c. NAME OF CEA	METERY O	RCREMATORY	23d. LO	CATION	COUNT	v	
	(5	Burial	4-	30-84	Mt.Olive			Bal	Lto.		Md.	TATE
11	24 FU	INERAL DIRECTOR	9	0.0	3512 FR			DATE REC'D. BY	REGISTRAD 256 F	ECICTO A DIC CV	TATURE	
	G.	TRUMAN	Jetwi	4B ADDRESS	AVE. #			'H301	134 gulier	Davidson	fondalle	, i

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furshould be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 shauld be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval.

MAPORTANT: If hem 21 is marked at Item 18 shaws any injury, an other traumatic event, the medical stamme in the page.

STATE OF MARYLAND

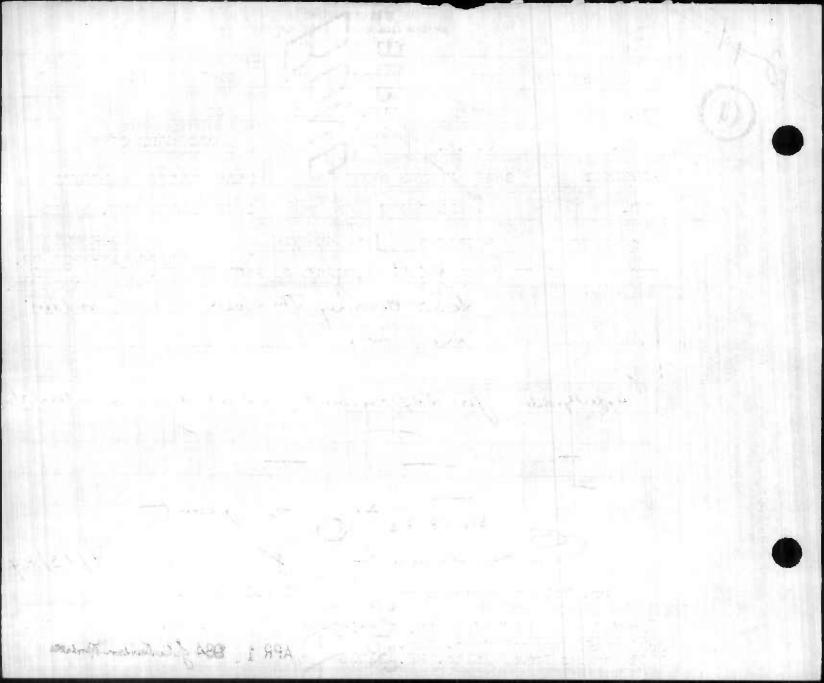
DEPARTMENT OF HEALTH AND MENTALHYGIENE

0 0

			CERTIFIC	ATE OF DEATH	REG. NO.				
I. DECEASED NAME FIRST		MIDDLE	LAS	Т	20 DATE OF DEATH M	ONTH DAY	YEAR	2h HOUR	
(TYPE OR PRINT) SAMUE	EL JOI	HN	ANGE	ELINI SR.	APRIL 13	198	4	6 A	M
3. SEX	4. RACE		5. DATE OF		6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HI	AIN.
MALE	WH:	ITE	AUG.	1 1 1 9 2 2 AR	61	YRS	DATS	TIOOKS IN	11.44
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	X NEVER MARRIED	9 BALTIMORE CITY OR		FDEATH		
MD.	U	S.A.	WIDOWED		BALTIN	ORE	CITY		MD.
10. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME OR	OTHER INSTITUTION	120 USUAL OCCUPATIO			F BUSINESS	
BALTIMORE	364!		N AVE	ENUE	MEAT CUT		ESS	KAY	
USUAL RESIDENCE (# NURSING HOME OF 136 STATE 136 COL	OR OTHER INSTITUTION JNTY	13c CITY OR TOWN BALTIM	1 II	3d. INSIDE CITY LIMITS?	3645 KENY	ON A	VE. 2	1213	
14 FATHER'S NAME	MIDDLE	LACT	1	S. MOTHER'S MAIDEN NA	ME		1.05		
DOMINIC		NGELINI		FANNIE			TROME	ETTA	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	RITY NO. 1	7. INFORMANT	ADDRES	306	WARFT	ELD D	OR.
YES NOOR UNKNOWN) (IF YES G	VE WAR OR DATES)	220-05-	9785	SAMUEL J.	ANGELINI J	TR. (SON) F	ORRES	ST
18 CAUSE OF DEATH (Enter of	only one couse per	line for (a), (b), and	IC'		-		APPRO S	MAY PARTYAL	TMD
PART I. DEATH WAS CAUS		Hento	_0	nous Vino	m Gos A			ndder	
Conditions, if any, which	DUE TO, O	R AS A CONSEQUEN	NCE OF	1'5					
couse (a), stating the underlying couse last.	DUE TO, O	r as a consequen	NCE OF						
PART 2. OTHER SIGNIFICANT	conditions co	INTRIBUTING TO DI	I fre	of related to the term	Choleri M		A 8	eteril	Cst
4 19s DATE OF OPERATION	196 COND	ITION FOR WHICH (OPERATION	WASPERFORMED	200 AUTOPSY?	20b. IF YES, V	VERE FINDING CAUSES	IGS USED	
IFIC		2000							
71a ACCIDENT WAS UNDERLYING	21b. TIME C	F INJURY		21c HOW INJURY OCCURE	YES NO	YES		NO [-
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	YES NO	YES			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	EATH HOUR A.	M. MONTH DAY	Y YEAR		YES NO	YES			
OR CONTRIBUTING TEAUSE OF D	HOUR A.	M. MONTH DAY	Y YEAR	211. LOCATION STREET	YES NO	YES			
220.1 certify that (I) (this has	HOUR A. P. 21e PLACE (AT HOME, STI	M. MONTH DA' M. OF INJURY REEL FACTORY, OFFICE, FA	Y YEAR 19 IRM ETC)	211. LOCATION STREET	YES NO CITY OR TOWN	YES	(OUNTY	NO STATE	lost
AT WORK AT WORK	HOUR A. P. 21e PLACE (AT HOME, STI	M. MONTH DA' M. OF INJURY REEL FACTORY, OFFICE, FA	Y YEAR 19 IRM ETC)	that (n (my) (our) opinion of	VES NO CITY OR TOWN CITY OR TOWN CITY OR TOWN COUNTED ON the dots MEDICAL STAFF	YES IN ITEM 18 PAR	(OUNTY	state that (II (we) I couses stated	lost
220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did ratio) 22b. SIGNATURE	P. 21e PLACE (AT HOME, STI	M. MONTH DA' M. OF INJURY REEL FACTORY, OFFICE, FA	Y YEAR 19 IRM ETC)	that (n (my) (our) opinion of PHYSICIAN	VES NO NET NATURE OF INJURY CITY OR TOWN To Control on the dote	YES IN ITEM 18 PAR	COUNTY , nd Irom the	state that (II (we) I couses stated	lost
220. I certify that (I) (this has above, (I) (we) I did train 122b. SIGNATURE	P. 21e PLACE (AT HOME, STI	M. MONTH DA' M. OF INJURY REEL FACTORY, OFFICE, FA	Y YEAR 19 IRM ETC)	that (n (my) (our) opinion of Physician (272 ADDRESS	VES NO CITY OR TOWN CITY OR TOWN CITY OR TOWN COUNTED ON the dots MEDICAL STAFF	YES IN ITEM 18 PAR	COUNTY , nd Irom the	state that (II (we) I couses stated	lost
220. I certify that (I) (this has above, (I) (we) (did did to the consequence) 226. PHYSICIAN'S NAME (TYPE Dr. Vat	P. Ite PLACE (AT HOME, STI	M. MONTH DA'M. OF INJURY REEL, FACTORY, OFFICE, FA e deceosed from OV. 2519 after death. Claranand	Y YEAR 19 19 IRM ETC) 3, and DE	that (n (my) (our) opinion of Physician (272 ADDRESS	VES NO CITY OR TOWN CITY OR TOWN To CITY OR TOWN To CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIA	YES IN ITEM 18 PAR	COUNTY COUNTY nd Irom the	state that (I) (we) I couses stated SIGNED	lost d
226. I certify that (I) (this has saw the deceased alive above, (I) (we) (did) did? 226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE Dr. Vat	P. Ite PLACE (AT HOME, STI	M. MONTH DA'M. OF INJURY REEL FACTORY, OFFICE, FA e deceosed from V. 2519 after death. Claranand 236 N.	Y YEAR 19 IP	that (n (my) (our) opinion of Physician Physician Physician Each Attending Physician Physician Physician Physician Physic	VES NO NEED (ENTER NATURE OF INJURY OF TOWN OF	YES NOTEM 18 PAR	county county nd from the 22c. DATE	state that (II (we) I couses stated SIGNED	lost d

DHMH - 16 50M 4/83 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. I	NO.		

1 05	REGISTRAR CEASED NAME FIRST		MIDDLE	CERTIFI	CATE OF	DEATH		REG. NO.			
	E OR PRINT)	100	MIDDLE	A	165.12.12.1	,	20 DATE OF DE		DAY 26	YEAR	2b HOUR
				A	NTHONY				7 26	87	150
3. SE	X	4. RACE		5 DATE OF	BIRTH	YEAR	6 AGE (IN YEARS	LAST BIRTHO		INDER LYEAR	IF UNDER 24 H
1	MALE	NEGRO		05	14	14		69	,,,,,,	DATS	HOURS
70. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE	CITY OR		DEATH	
	Maryland	U.S.A		WIDOWE		R MARRIED .	BALTIMOR	e City	,		9.0
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN				120 USUAL OCC	CUPATION	J	12h KIND (OF BUSINESS
1	ALTIMORE	SINAI H	CH FACILITY, GIVE STREET A	ALTIMO			TYPE OF WORK FOR			Bus	
130	AL RESIDENCE (IF NURSING HOME STATE 136 COL		Balto.		13d INSIDE	CITY LIMITS?	2325 N.	ress Lon	gwood	St.	21216
	John	WIDDLE	inthony		15. MOTHE Ann a	R'S MAIDEN NA		IDDLE	As	skins'	ST
160 V	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECUI	RITY NO.	17 INFORA	MANT		ADDRESS			
- 1	YES NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	705-12-8	534	Ms.	Dorothy	Bundy -	- Sam	e as i		
	18 CAUSE OF DEATH Enter	only one couse pe	r line for (a), (b), and	lic.						BETWEEN	ONSET AND DEA
z	couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT	CONDITIONS C			NOT RELATI	ED TO THE TERM	INAL DISEASE OF	R CONDIT	ION GIVEN	IN PART 1	0.
음	ANEMIA, GASTROINI										
TIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATION	WAS PERF	ORMED	YES NO		Ob. IF YES, V N CERTIFYIN YES [G CAUSES	NGS USED S OF DEATH?
AL CERTI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	.M. MONTH DA	Y YEAR	21c. HOW	INJURY OCCURR	RED (ENTER NATURE	OF INJURY II	TEM IS PART	OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		OF INJURY	19	211. LOCA1	1001					
MEC	WHILE NOT WHILE AT WORK		REET, FACTORY OFFICE, FA	ARM, ETC)	STRE		CII	TY OR TOWN		COUNTY	STATE
5	220.1 certify that (I) (this has	pitol) ottended tl	he deceased from			. 19	, to				that (I) (we)
	sow the deceosed alive of obove, (I) (we) (did) (did i		ofter death.			y) (our) opinion (death occurred on	the dote		nd from the	couses stated
	22b. SIGNATURE			D	EGREE	ATTEMBALE	FD1C11	67467			SIGNED
	Fine L. Balles, A					PHYSICIAN [MEDICAL DIRECTOR _ F	STAFF PHYSICIAI	NX	04/2	6/84
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDR	ESS					
	STEVEN L. BALL.	15, M.O.	WIND -		SINA	HOSPITAL C	OF BALTIMOA	RE			
220 E	BURIAL, CREMATION, REMOVA	L 23b DATE	123c N	AME OF CE	METERY OF	CREMATORY	1234 LOCATIO	N			

DHMH - 16 50M 1/81 (VRA 15, 4)

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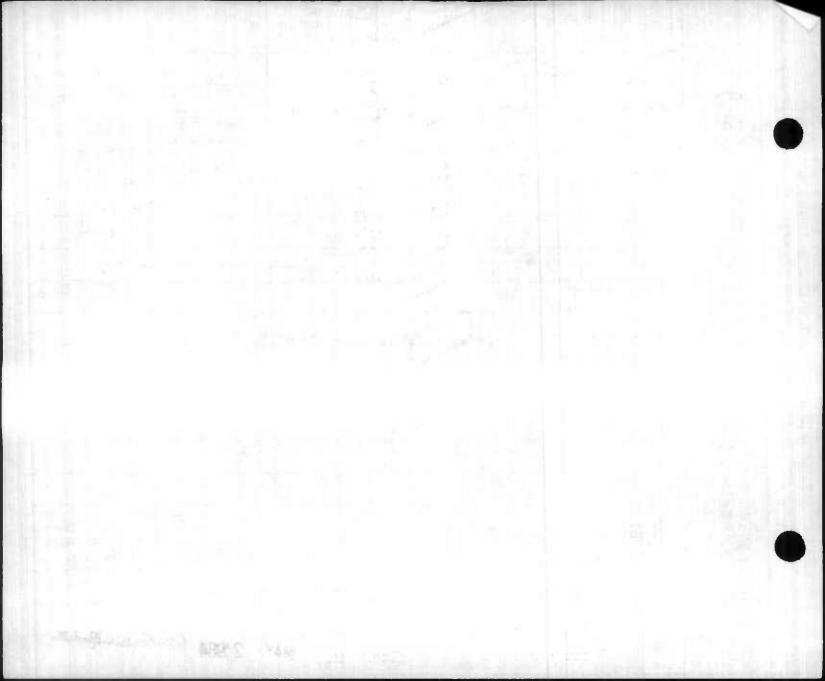
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR After this certificate has been

24 FUNERAL DIRECTOR Anatomy Board

Balto., Md.

MAY 2 1984



DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

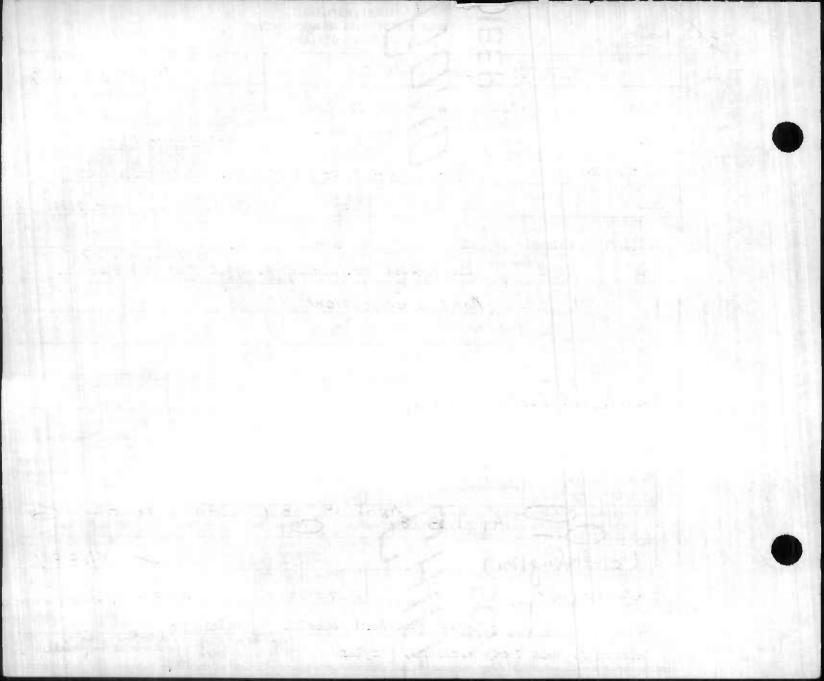
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1 - STATE REGISTRAR			DEPARTA		EALTH AND MENTALHYG ICATE OF DEATH	IENE () 9	6 9	9		
I. DECEASED NAME	FIRST		MIDDLE		AST	28. DATE OF DEATH	MONTH	DAY YEAR	26 HOU	JR
Total Carrents	WILL	IAM	Carroll	APPE	با		4	28 84	10	18 M
3 SEX		1 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	(HDAY)	MONTHS DAYS	IF UNDER	2 J HRS MIN.
Male		White		July	27, DAY 1904 YEAR	79	YRS		1100113	
BIRTHPLACE (STATE	TE OR FOREIGN	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O				MD
Baltimo:			CH FACILITY, GIVE STREET	IG HOME C	al Hospital	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Ret. Cons	ON F WORKING	126 KIND C		ESS OR
USUAL RESIDENCE (#	13b, COUI		130 CITY OR TOW Baltimor	'N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 433 E. 28			2121	8
14. FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	51	
William	Kenn		pel		Maru	\overline{E}	Tar	7		
He WAS DECEASED E			166 SOCIAL SECU	IRITY NO.	17. INFORMANT			Md. 207		
yes	WW I	VE WAR OR DATES)	216-09-4	1464	Mr. Richard B	. Appel 570	3 Tu	ckerman	St.	
	immediate stating the couse lost. SIGNIFICANT	conditions conditions	and 75	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	20b. IF Y	IVEN IN PART 11	NGS USE	
H I						YES NO		ES [NO [
	CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
21d INJURY OC		21e. PLACE	OF INJURY TREET, FACTORY, OFFICE F		211 LOCATION STREET	CITY OR TO	WN	COUNTY		STATE
22s.1 certify the	ot (I) this hosp ceased olive or we) (did (did a		y ofter death.	- (-	nd that in (my (aw Payinian a DEGREE ATTENDING PHYSICIAN	death occurred on the di	ote and ha	819 82, our and from the	couses st	oted
22d. PHYSICIAN		Janes 1	1 1004		22e ADDRESS			1/0	-010	1
	tre inc				University P		more	, Maryla	ind	
23m BURIAL, CREMAT (SPEC#Y) Burial	ION, REMOVAI	236. DATE May 1			emetery or crematory nd Memorial	23d LOCATION CITY OR TOWN Baltimor	_	county Md.		STATE
24 FUNERAL DIRECTO			- A ADDRESS		יומעיאַ	E PEC'A BY REGISTRAR	SHIREGE	TIRARYS SIGN	URE DE	, 7
Leonard	J. Ruc	K Inc.	Baltimore	, Mar	yiana W	0 0 1004 (1	- (Addition)	167

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending objection as should be detached for use as the burial-transit permit. Then please remove consumption is with the State Dept. of Health and Mental Hygiene prior to burial, cremation as removed MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumont event the medder



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun should be detached for use as the buriof-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within with the State Dept: of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG.	NO.		

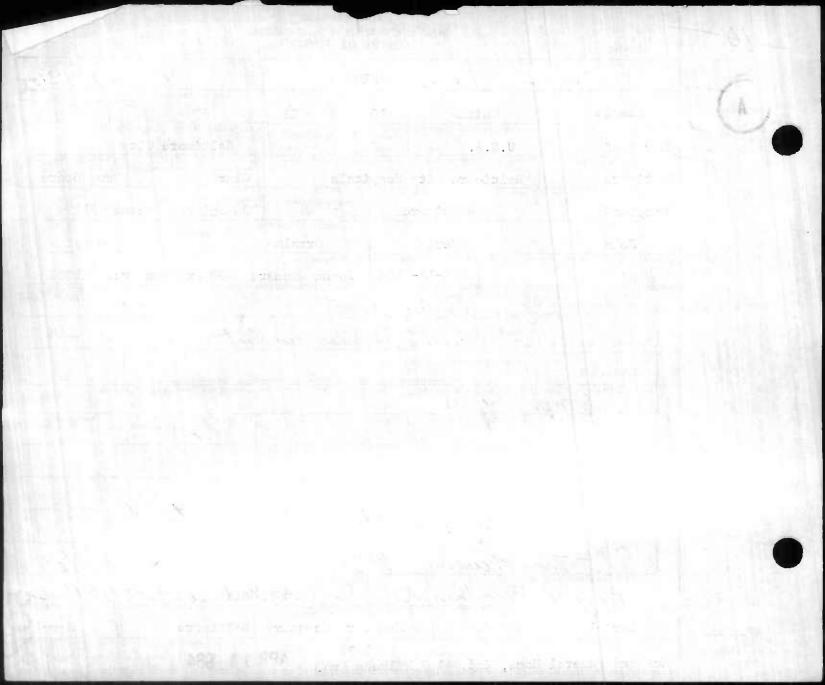
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				KOSE -					0 0 7	IF UNDER
3. SE)	x Female		4. RACE Wh	ite	5. DATE O		6. AGE (IN YEARS LAS	YRS	MONTHS DAYS	HOURS
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	aryland	75	U.S.	Α.	WIDOWE	ED NEVER MARRIED DIVORCED	Balti	more C	ity	
Ba	ITY OR TOWN OF DEA		Balti	more City	Hosp	OR OTHER INSTITUTION Oitals	120 USUAL OCCUP (TYPE OF WORK FOR MC Clerk		GLIFE) INDUSTRY	Stor
13a. S	AL RESIDENCE (IF NURSI STATE aryland	NG HOME OR O		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Baltimor	VN	134 INSIDE CITY LIMITS? YES K NO	13e STREET ADDRE	SS / ZIP CO	venue 2	1229
14 FA	THER'S NAME FIRST John	٨	AIDDLE	Serio		15. MOTHER'S MAIDEN NA Orsalna	MIDDIA	E	Ge	sı ppi
	VAS DECEASED EVER I YES, NO OR UNKNOWN) NO		MED FORCES?	166. SOCIAL SECU 213-18-		Joann Manne		DRESS rimson		21229 XIMATE INTER
	Conditions, if ony, gave rise to imm cause (a), stating underlying cause	nediate g the)	R AS A CONSEQU		scular acce	clent	•	7/	wk
ATION	gave rise to imm cause (o), stating underlying cause PART 2 OTHER SIGN	nediate g the last	DUE TO, O	R AS A CONSEOU ONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM				(o·
TIFICATION	gave rise to imm cause (a), stating underlying cause	nediate g the last	DUE TO, O	R AS A CONSEOU ONTRIBUTING TO	ENCE OF		MINAL DISEASE OR C	20b. IF Y	GIVEN IN PART 1	INGS USED
CAL CERTIFICATION	gave rise to imm cause (o), stating underlying cause PART 2 OTHER SIGN	INFICANT CONTINUE TO THE PROPERTY OF DEAT	DUE TO, O	R AS A CONSEOU ONTRIBUTING TO OSSI ITION FOR WHICH OF INJURY	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	GIVEN IN PART I YES, WERE FIND RTIFYING CAUSE YES	INGS USED
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	gave rise to imm cause (o), stating underlying cause PART 2 OTHER SIGN 190. DATE OF OPERAT 190. ACCIDENT WAS UNDO OR CONTRIBUTING CONTRIBUTION CONTR	rediate g the last. IIFICANT C TAPION ERLYING (AUSE OF DEA) ILE (AUSE OF DEA)	DUE TO, O (c) ONDITIONS CI 19b COND 19b COND 21b TIME CI HOUR A. P. 21e PLACE IAT HOME, SII	R AS A CONSEQUE DITRIBUTING TO SET INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, I	DEATH BUT H OPERATIO AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCUR 211 LOCATION SIREET 19 nd that (a (my) lour) apinion	200 AUTOPSY? YES NOTER NATURE OF	206. IF Y IN CER	YES, WERE FIND YES, WERE FIND RIFTING CAUSE YES (COUNTY) COUNTY	INGS USEC S OF DEAT NO
	gave rise to imm cause (o), stating underlying cause PART 2 OTHER SIGN 119a. DATE OF OPERAT 21a. ACCIDENT WAS UNDIO OR CONTRIBUTING CURR WHILE NOTHEY MEDIC 21d. INJURY OCCURR WHILE NOTWHILE AT WORK AT WORK AT WORK AT WORK OBOVE, (1) (we), (d) 22b. SIGNATURE 22b. SIGNATURE	RELIVING CALLERAMINER) THE CANT COMMENT COMME	DUE TO, O (c) (c) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f	R AS A CONSEQUE DITRIBUTING TO SET INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, I	DEATH BUT H OPERATIO AY YEAR 19 FARM, ETC.)	211 LOCATION SIREET DEGREE ATTENDING PHYSICIAN TO THE TERM TO THE	200 AUTOPSY? YES NOTER NATURE OF	206. IF Y IN CER IN JURY IN ITEM I	YES, WERE FIND YES, WERE FIND RIFTING CAUSE YES (COUNTY) COUNTY	INGS USEES OF DEAT
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDIN

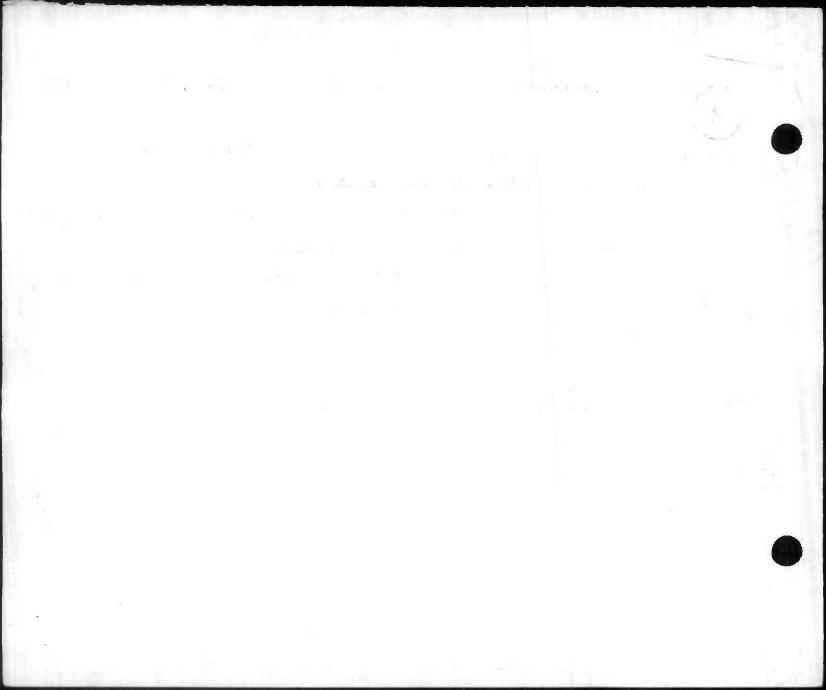
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTIF	ICATE OF DEATH	1	R	REG. NO.		
1		CEASED NAME	FIRST	LLIE '	MIDDLE	ı.	AST	T	20 DATE OF DE		DAY YEAR	26 HOUR
1	(TYPE	OR PRINT)	ILLI.		М.	P	RCHIE		APRIL	8.198	4	1:05Pm
	3. SEX			4 RACE	110	5 DATE C			AGE (IN YEARS		IF UNDER I YEAR	IF UNDER 24 HRS
1		Female			Black	MONTH 2	21 21		6.3	YRS	MONTHS DAYS	HOURS MIN.
20		RTHPLACE (STATE OR F			WHAT COUNTRY?	8.		0		CITY OR COUN		
1		. Caroli	na	U.S	. A .	WIDOWE	D NEVER MARRIEI		BALTI	MORE C	TTY	MD.
10	-	TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTIO	N I	12a USUAL OCC			OF BUSINESS OR
7/2		BALTIMORE	3	JOHNS	HOPKI	NS HO	SPITAL		(TYPE OF WORK FOR	MOST OF WORKING	GUFE) INDUSTRY	
分层	USU	AL RESIDENCE (IF NURSI	ING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFOR	E ADMISSION)		uroo te	o CTOSET ADD	0555 / 710 66	D.F.	
252	100	aryland	13b COUN	411	Baltim		13d. INSIDE CITY LIMI			Gorsuc		ue 21218
1	_	THER'S NAME					15. MOTHER'S MAIDE	EN NAM	E		11 11 011	2121
	-	Price		MIDDLE	Simpso	n	Malis	ssa	M	IDDLE	Sid	lev
No.		VAS DECEASED EVER			166 SOCIAL SECT		17 INFORMANT	, D.C.		ADDRESS	010.	101
1	Ü	NKNOWN	(IF YES, GIV	E WAR OR DATES)	244-32	-4041	Viola El	11io	tt 130	7 Gors	such Av	enue
£		IS CAUSE OF DEATH	H (Enter on	ly one couse per			11014 21			7 0010	APPROX	MATE INTERVAL ONSET AND DEATH
0.79		PART I. DEATH W	AS CAUSE	Ď BY:			ie shock				The state of the s	DAN
		1991	IMMEDIA	E CAUSE (a)	7							1
34	H	Canditions, if any,	which	DUE TO, OI	r as a conseou	ENCE OF	e hard non	tion)		al	ays
	33.	gave rise to imm	nediote) (6)			- Try or the					antes.
27.0		underlying cause		DUE 10, OI	Meta	STATA	e las	rke			m	ontus.
		PART 2 OTHER SIGN	NIFICANT O	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE	E TERMIN	AL DISEASE OF	CONDITION (GIVEN IN PART 11	0
	NO.	Hepati	ie de	si line	For	me			escare			
1	CERTIFICATION	90 DATE OF OPERAT	TION C	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPS		YES, WERE FINDIN	
2	TIFF								YES NO	en /	YES	NO [
	111004	210. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY O	OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM !	8 PART OR PART 2)	
7	CAL	OR CONTRIBUTING C		LIM .		19						
	MEDICAL	21d INJURY OCCURR	RED	21e. PLACE	OF INJURY	SARA STC \	211 LOCATION STREET		ÇI	TY OR TOWN	COUNTY	STATE
	2	AT WORK NOT WH	RK	(AV NOME ST	act vactors office,	, parin, cro						
51/		220-1 certify that (1)	(this hospi				- 9 - 19_	54	to	4-8		that (I) (we) last
1.94	10	sow the decease above, (1) (we) (d	ed alive an	4) view the body	ofter death.	84 , or	nd that in (my) (our) of	pinion de	oth occurred ar	the date and h	iour and Iram the	causes stated
		226. SIGNATURE	Λ	- 11	1		DEGREE				22c DATE	SIGNED
		Gen	2	Tellan	1/can		MD ATTEND	IAN	MEDICAL DIRECTOR 1	STAFF PHYSICIAN 🔣	14-	8-84
1		224 PHYSICIAN'S NA	AME I YPE O	RPRINT			22e ADDRESS	5	hun H	Jokan	Horax	tal
		G-VELL	LAN	IKAR	AN		N. Bros	-de	Day -	1 Bal	Aniche	-
		BURIAL, CREMATION,	REMOVAL	23b DATE	23c	NAME OF C	EMETERY OR CREMAT	TORY	23d LOCATIO		COUNTY	STATE
	-	BURIAL		4/12,	/84 B	altin	nore Ceme		y Balt	imore		Md
3		JNERAL DIRECTOR			ADDRESS			So. DATE	REC'D. BY REGI	STRAR 25 REG	ISTRAR'S SIGNAL	TIIRE
	Wn	n C March	F/H	Inc.	1101 E	Nortl	h Avenue	APT	(1019	84 Freha	Davidson-V	Pertura

DHMH - 16 50M 4/83 (VRA 15, 4)



TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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injury, ar other troumatic event, the

IMPORTANT: If them 21 is morked or them 18 straws ony

page 3

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IDECTIVORTÓWN OF DEATH 13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. LUSUAL OCCUPATION 13. NAME (HOME OF HOSPITAL) 13. NAME (HOME OF	1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYC RTIFICATE OF DEATH	REG. NO	0.	
A SATES NAME In CAUSE OF DEATH In CAUSE OF COUNTY OF DEATH In CAUSE OF DEATH								20 11001
ARRIED TO STOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. LUAL RESIDENCE (# NURSING-HOME OR OTHER INSTITUTION) 13. CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 13. LUAL RESIDENCE (# NURSING-HOME OR OTHER INSTITUTION) 14. LUAL RESIDENCE (# NURSING-HOME OR OTHER INSTITUTION) 15. LUAL RESIDENCE (# N	3. SE	x Fema	1./e	11 11	MONTH DAY YEAR		MONTHS D	
USUAL RESIDENCE (IP NUISAND HOME GOLDER INSTITUTION OF RESONANCE REFORM ADMINISTRY IN ILLUSTRY IN ILLU		COUNTRY) NO	1,	ZI,S.A. WID	OWED DIVORCED	Balti	inore Ci	ity MD.
136. COUNTY 136. COUNTY 136. MISSINGE CITY LIMITS? 136. STREET ADDRESS 146. MISSINGE CITY LIMITS? 136. STREET ADDRESS 136. MISSINGE CITY LIMITS? 136. STREET ADDRESS 136. MISSINGE CITY LIMITS? 136. STREET ADDRESS 136. STREET ADDRES	1-	Baltin	ore (MUNCH HOME H	OSPITA!	(TYPE OF WORK FOR MOST O	F WORKING LIFET INDUS	TRY
BE CAUSE OF DEATH Enter only one couse per line for IoI, (b), and IcI.	13a. :	Md. ATHER'S NAME	13b. COUNTY	Baltinon	e YES P NO	2701 E, P	neston S	t. 21213
PART I. DEATH WAS CAUSE DBY: IMMEDIATE CAUSE (a) Acute congestive heart failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Diabetes Mellitus, Hypertension 198. DATE OF OPERATION 199. DATE OF OPERATION 199. DATE OF OPERATION 199. DATE OF OPERATION 190. ACCIDENT WAS UNDERLYING 191. ACCIDENT WAS UNDERLYING 191. ACCIDENT WAS UNDERLYING 192. ACCIDENT WAS UNDERLYING 193. ACCIDENT WAS UNDERLYING 194. ACCIDENT WAS UNDERLYING 195. CONTRIBUTING CAUSE OF DEATH 196. ACCIDENT WAS UNDERLYING 197. ACCIDENT WAS UNDERLYING 198. ACCIDENT WAS UNDERLYING 199. DATE OF OPERATION 199. DATE OF OPERATION 190. ACCIDENT WAS UNDERLYING 190. AUTOPSY? 190. BY JON. B		WAS DECEASED E	VER IN U.S. ARME	O. Fonneste			Preston	Se,
OR CONTRIBUTING _ CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR P.M. 19	7	gove rise to cause (a), s underlying c	ony, which immediate stating the ause last.	DUE TO, OR AS A CONSEQUENCE ((b) Muitiple DUE TO, OR AS A CONSEQUENCE ((c) Left veta	Myocardial i of cicular aneur	nfartions ysm	DITION GIVEN IN PAR	T l(o)
OR CONTRIBUTING _ CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR P.M. 19	TIFICATION						IN CERTIFYING CAU	ISES OF DEATH?
220.1 certify that (1) this hospital attended the deceased from APTII 16 1984, to APTII 17 1984, that (1) we los sow the deceased drive on APTII 17 1984, and that in (my) four) opinion death occurred on the date and hour and from the causes stated object (1) we) (did) did not) Whithe body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. MONTH DAY Y	EAR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	2)
sow the deceased glive on April 17 19 84, and that in (my) (our) epinion death occurred on the date and hour and from the causes stated above (I/we) (did) did not) vitw the body after death. 225. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	MEDI	WHILE AT WORK	OT WHILE	(AT HOME STREET, FACTORY OFFICE, FARM, ET	C) STREET			STATE
AND PRINCIPLANIE NAME		sow the de	ceased alive on Δ ve) (did) did not)	pril 17 19 84	DEGREE	death occurred on the de	ote and hour and from	the causes stated
TOPONOTE TO MITTHE THE METHOD WAY BALLO WILL TO THE					I ADDRESS /			-/7-84 sation

BP.

retained by the hospital or attending physician

DHMH - 16 50M 4/82 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE BUSIA
24 FUNERAL DIRECTOR

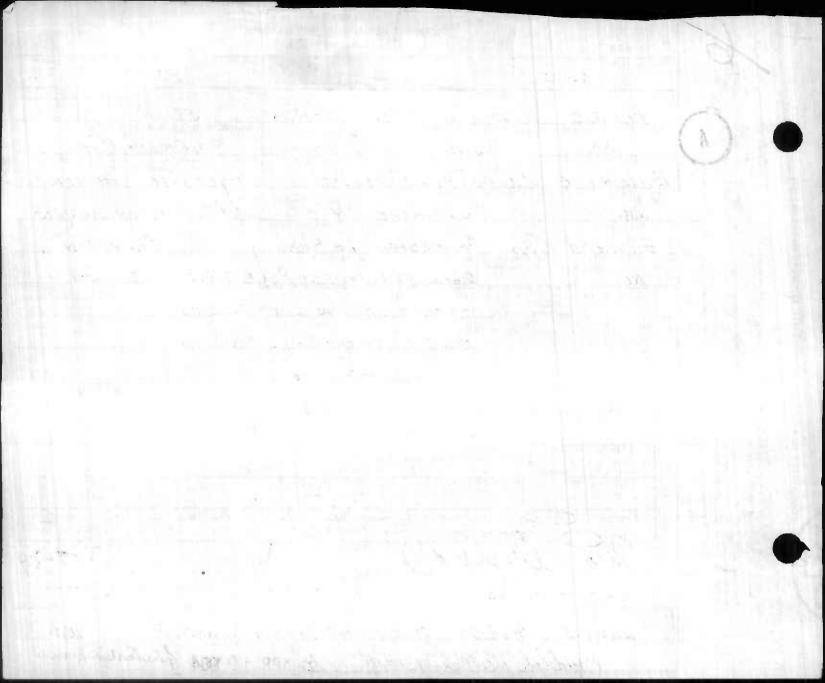
236. NAME OF CEMETERY OR CREMATORY

Md. Vetenans Cemetery C

250. Date Rec'd.

23d LOCATION
CITY OR TOWN
COUNTY
COUNTY
COUNTY
COUNTY
STATE
NO
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APR



the control of the signed by the offending physicion and of the burnel-from propers. Pages and section of the burnel of the place control of the place of the pla

IMPORTANT If then 21 is marked as then 18 should amy njury, or other troumotic event, the

1					STATI	E OF MARYLAND				
		FOR STATE Item 18 REGISTRAR	c 5-10-	84 en		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 9 /	Û 3		
d	1. DEC	CEASED NAME FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
9	[TYPE	Edward		G.	Ac	tin		4 22	84	9.57 1
H	1. SE)	1.5.1.3.1.0.0.0.00mm. (c)	4 RACE	u.	5. DATE C		6. AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS.
	· ·	Male	Whit	е			87	YRS.	HS DAYS	HOURS MIN.
		RTHPLACE ISTATE DIFFORIOR	76. CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			1 12 2
7		Virginia	U.S.A		WIDOWE		Baltimo	re City		MD.
7	10.CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		26 KIND C	OF BUSINESS OR
Ū	1	Baltimore	St. A	gnes Hos	oital		Butcher		Reti	red
7	USU/ Lib. S	AL RESIDENCE IT MITSHIGHEN OF	CHECK HATTERITION	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
Z		Committee of the Commit	timore	Catons		YES NO	6538 Red		cle	21228
2	14 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA			1.00	
8	1	(unknown)	MIDDLE	Astin	1	(Unkno			LAS	(unknown)
		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMANT	ADDR	ESS		
1	,	YES, NO OR UNKNOWN) (# YES, G	VE WAR OR DATES)	216-10-0	1191.4	Helen M. As	stin	Same as	# 13	
			-1	•		1 1101011 /10 111	3044	Jume GD		MATE INTERVAL ONSET AND DEATH
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	severe	1441	potention			BUIWEEN	SHISE AND DEATH
		IMMEDIA	TE CAUSE (o)	SCIEVE	11/	OXENITOR				
		0389	DUE TO, O	R AS A CONSEQUE	ENCE OF	d KO COD	tic cho	ck .		
		Conditions, if only, which	(b)	sepsis	rohah	le Sensis-Fo	ssible Aup	tured (albl	adder
		couse (o), stoting the underlying couse lost.	DUE TO, O	R AS A CONSEQU	NCE OF	Mazakatosan	z=t==075			
		PART 2 OTHER SIGNIFICANT	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON	IDITION GIVEN	N PART 1	0	
	N	acute Rox	1 1	ilure,	Sever	P 11.			Duel	etes Melli
9	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20h IF YES, W		
6	¥						YEST NOTO	IN CERTIFYIN	G CAUSES 7	NO []
2	EX.	210. ACCIDENT WAS UNDERLYING	216. TIME C	F INJURY		21c HOW INJURY OCCUR			OR PART 2)	
F.	100	OR CONTRIBUTING CAUSE OF DE	AIM		AY YEAR					
П	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	?le. PLACE	M. OF INJURY	19	211 LOCATION				
	ME	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR TO	NWO	COUNTY	STATE
		220.1 certify that (I) (this hosp	utal) attended th	o deceased from	AM	4-22- 1984		4-22 19	84	that (I) (we) lost
		sow the deceased alive a obove, (1) (we) (did) (did n	o SPINI	1- 22-19 8	14	nd that in (my) (our) opinion				
		22b. SIGNATURE	or, view_the body	Offer debili.		DEGREE			22c. DATE	SIGNED
		Shower			Mo	ATTENDING PHYSICIAN	MEDICAL STA	CIAN		
t		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	4			
-		18400	H.			St A	gnes	Hosp,		
		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. I	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		YINUC	STATE
		Burial	4/25		oudon	Park Cemeter	Baltimo:	re		Md.
g	24 Tu	Puss	ell C. W	itzke Fu	neral	Homes P. AZZa. DAT	E REC'D. BY REGISTRA	356 REGISTRAF	SSIGNA	TURE 22
١	1	630 Edmondson	Avenue,	Catonsvi	lle, I	Md. 21228 AP	2 4 1984 9	Julia Davis	Willam H.	6

DHMH - 16 50M 4/83 (VRA 15, 4) in the August 7.485 87

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	7	3	U	6
	DEC	NO		

-	7.	STATE REGISTRAR				CERTIF	ICATE OF DEATH	Н	REG.	NO.			
		CEASED NAME	FIRST		MIDDLE	21	10 g G		20. DATE OF DEATH	HINOM	DAY YEAR	2b HOU	
		W	111			Au	stin			04.	21.04 8:45		
	3. SE)	X		4 RACE		S. DATE			6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER	24 HRS
1		MAle		BIA	ck	Apr		66	YRS.		HOURS	MIN,	
9	(RTHPLACE (STATE OR FO COUNTRY) Tichigan	DREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIE		Baltimore City Baltimore City				
16		TY OR TOWN OF DEA	TH			WIDOWI	DIVORCE OR OTHER INSTITUTION		12a USUAL OCCUPA	12b, KIND (DE BUSIN	MD.	
	Baltimore Bon Secours USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE						OK OTTEK INSTITUTIO		Engineer			Bal	to.
9				OTHER INSTITUTION	GIVE RESIDENCE BEFOR				13e.STREET ADDRES				
5		faryland	13b. COUN	ITY	Baltimo		YES X NO [Maryl		
. 11	14 FA	ATHER'S NAME	,	WIDDLE	EAST		15. MOTHER'S MAID	DEN NAM			£A		
1		VAS DECEASED EVER I		MED FORCES? E WAR OR DATES)	16b. SOCIAL SECT		17. INFORMANT			RESS 252			EXLa.
		No.			255-16-6	683	Linda A.	Payn	e Apt. A	Balto	Md.		
		18 CAUSE OF DEATH PART I. DEATH WA	I Enter on	ly one couse per	line for (o), (b) a	nd (ci.)	. ~	10.0	2.4		BETWEEN	ONSET AND	DEATH
				E CAUSE (o)	Ca	rdi	ac a	NY	esi				
		4360		DUE TO, O	R AS A CONSEQU	JENCE OF	144400		0.01				
П		Conditions, if ony,	which	(41)			massi		CVA				100
		gave rise to imm cause (a), stating	ediote	3		IENIGE OF	•		, /	. 1	0		
н		underlying couse	lost.	DUE TO, O	R AS A CONSEOU	JENCE OF	Resp11	rees	long fo	auce			
	100	DART O CTUERSICAL	HEIC ANIX C	(0)	ONTRIBUTING TO	DE ATH BUT	0		1 11				
	CERTIFICATION	PART 2. OTHER SIGN	IFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	TE TERMI	INAL LIPSEASE OF CC	NUTION	IVEN IN PART I		
T	A.	190. DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		ES, WERE FIND		
	F	Marie Pro-							YES NOT		YES	NO [-
7	E	210. ACCIDENT WAS UND	ERLYING [21c HOW INJURY O	OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)		
1		OR CONTRIBUTING C		(H	M. MONTH D								
	ICAL	(IF EITHER, NOT IFY MEDIC			M.	19	211 LOCATION						
	MEDI	21d. INJURY OCCURR	ILE 🗍	21e. PLACE (AT HOME, ST	REET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR	town	COUNTY		STATE
		AT WORK AT WOR		1 1 1 1 1 1	. 1 . 1 . 1	Anri	1 13	84	o April	27	10 84	al an ata d	1 / A
		22s. I certify that (I) (sow the decease above, (I) (we) (d	d olive on,			84	nd that in (my) (our) o		, .0	date and he	, , ,	that (I) (couses st	
		276. SIGNATURE	ray (ara na	The stay	and a		DEGREE				22c. DATI	SIGNED	
6		H. 100	a	200	leeus	•	ATTEND PHYSIC		MEDICAL ST DIRECTOR PHY	AFF SICIAN [Apr	11 27	7,1984
1		22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)			22e ADDRESS						
1.		H.TA	VA	-850	LIE	MD			Hospital				
		BURIAL, CREMATION, F	REMOVAL	236. DATE		NAME OF	CEMETERY OR CREMA	ATORY	23d LOCATION		COUNTY		STATE
		Burial		5/4/19	The same of the sa	- 4	emorial Pa				ltimore	, Md	
		UNERAL DIRECTOR N			ADDRESS		Inc.	25a DATE	REC'D. BY REGISTR.	AR 776 REGI	Day CAON-	Pandel	2
	25	01 Gwynns	Falls	Pkwy.	Baltimor	e, Md	. 21216	MAY	2 1904	d		•	

DHMH - 16 50M 4/83 (VRA 15, 4)

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etoined by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonapaers. Pages 1 and 2 min the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or frem 18 shows pay injury, or other troumotic event, the medical

11 viig Pithors Bon Smorr provided on types Ave. Wiltlmoxy, pardand 21233 TITLE OF THE PARTY. In the state of th Cardine Chorast - graf haggan 1508 The state of the s Leading and the Control of the Section Hospital

tely filled in by the funeral di 2 spauld be filed within 72 bar

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC	NO		-

J	REGISTRAR		CERTIFI	CAIL OF DEATH	REG. N	0.			100
	1. DECEASED NAME FIRST	WIDDLE	i.A	NST	20. DATE OF DEATH	MONTH D	YEAR	2b. HOUR	
	(TYPE OR PRINT) LOMA	Denette	AYF	RS	April	13	1984	111.25	Z M
1	3. SEX	4 RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY	IF UNDER I YEAR	R IF UNDER 24	HRS
1	Female	White	8 8	1 1907	76	YRS.	ONTHS DAYS	HOURS	MIN,
	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	B. MAPPIER	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH		
1	West Virginia	U.S.A.	WIDOWE	DIVORCED [Baltimor	e Ci	ty		MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ROTHER INSTITUTION	120. USUAL OCCUPAT			OF BUSINESS	OR
	Baltimore	Church Hospit		orportation	Sales-De				
	USUAL RESIDENCE (IF NURSING HOME OF			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			212	237
	Maryland	Baltim		YES 🔀 NO 🗌		ell A	ve. A	Apt.16	522
0	14 FATHER'S NAME	MIDDLE LAST	ment	15 MOTHER'S MAIDEN NAM	WE			AS?	
200	Rufus	C. Asbur	У	Nannie			Brev	vster	
	160. WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES!		17 INFORMANT		027 P	ark H	laven	Rd.
	No	233-38-	5100	Willard M.	Ayers	Balt			.222
1	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), one	d (ci.)				BETWEEN	NUMBET AND DE	ATH
1	IMMEDIA								
1	2030	DUE TO, OR AS A CONSEQUE	NCE OF						
	Conditions, if ony, which	(b) SEPSIS							
١	couse (a), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF						
	underlying cause lost.	(c)							
		CONDITIONS CONTRIBUTING TO D	DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1	la	174
-	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	I WAS PEDEODANED	20g AUTOPSY?	Tab IF YES	WERE FIND	INGS LISED	
Z	2 IN DATE OF OFERATION	The CONDITION TOR WHICH	CONDITION ON WHICH OPERATION WAS PERFORMED			IN CERTIFY	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?		
Ħ	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NOW	YES		но 🗆	
	CALLES OF THE	ATH HOUR A.M. MONTH DA			(Contractions of the		,		
J	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	211 LOCATION					-
	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	IWN	COUNTY	STAT	Æ
1		its attended the deceased from	MARCH	23 19 84	. APRIL	13,	0 84	that (I) Two	Dast
	sow the deceased glive on	APRIL 13,	84	d that in (my) (our) opinion o	death occurred on the d	ote and hour	and from th	2000	
	above, (I) (we) (did))(did no	ot) view the body after death.		DEGREE			22c. DAI	E SIGNED	
4	Mer	Zemi M	0	ATTENDING PHYSICIAN	MEDICAL STA		4	1/2	180
-	22d PHYSICIAN'S NAME (THE	X	1/	22e. ADDRESS			1	1	
	ATAOLLAH F. N	AZEMI, M.D.			JRCH HOSPIT		0100		
	23a. BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	VAME OF CE	100 N BROAT	23d LOCATION	ORE, M	D 2123		-
	Burial			7 Hill	White M	arsh	COUNTY	STAT	
	24 FUNERAL DIRECTOR Duda-	1 / /		25a DAT			PAR'S SIGNA	laryla ATURE	па
	7922 Wise Aver	ADDRESS	MD	21222 AP	R 1 8 1984	1. Cal	Davidson	-Randell	2 2

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet

ottending physicial

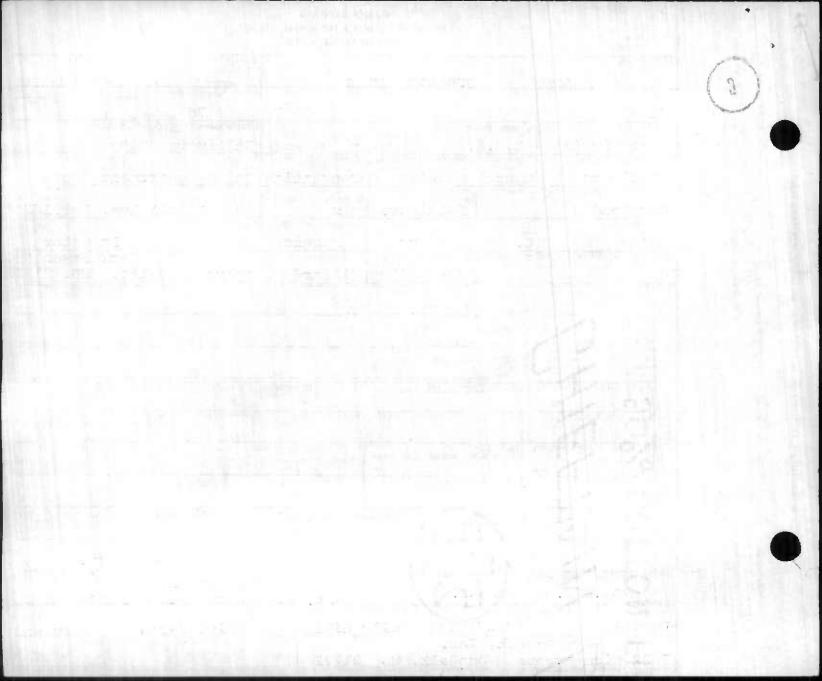
TO HOSPITAL OR ATTENDIN

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should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is morked we

injury, or other troumotic event,



executed within 24 hours after

STATE OF MARY	AAID

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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U	-	8	U	O
	REG.	NO.		

REGISTRAR		CI	ERTIFICAT	TE OF DEAT	TH '	REG. NO).	0	
1. DECEASED NAME FIRST	MIE	DDLE	SAST				MONTH	DAY YEAR	26. HOUR
Lel	leave	2 ,	Jab	· Ro	w		4	9 84	68 M
3. SEX -7	4 RACE	5. [DATE OF BIR		YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS MIN.
12+	2				1900	84	YRS.		
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8	APPIED []	NEVER MARK	RIED TO	9 BALTIMORE CITY OF	COUNT	Y OF DEATH	
MARYLAND	USA		DOWED	DIVOR	1	DALITION	e CTT	1	MD.
BALTIMORE	(IF NOT IN SUCH I	SPITAL, NURSING H FACILITY, GIVE STREET ADDRE		HER INSTITUT	NON	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		IFE) INDUSTRY	
			ISSION)		- 4	TOTION		IGROVI	ES FLORIST
ISUAL RESIDENCE (IF NURSING HOME OF 130. STATE IN COULT MARYLAND BALTI	MORE	3c. CITY OR TOWN	YES			Babikow Re	ZIP COD	King A	venue
14 FATHER'S NAME	WIDDIE	LAST	15. A	NOTHER'S MA	IDEN NAM	MIDDLE MIDDLE		L	AST
William		Babikow		Sop	hie		-	Becke	
160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SECURITY	NO. 17_1	NEORMANT		ADDRE	ss Gre	n Arm,	Md.21057
no	VE WAR OR DATES)	212-01-14	14 I	illian	E. 7	Wining 115	ll Ha	rford H	Rd.
PARTI. DEATH WAS CAUSE 4292 IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF						7	XMATE INTERVAL NONSE AND DEATH ONSE AND DEATH ONE AND DEAT	
Z O	Rheunatoid ARTHRITIS								
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDIT	ON FOR WHICH OPE	RATION WA	S PERFORME	D	200 AUTOPSY?	IN CERTI	S, WERE FIND FYING CAUSE ES	
OR CONTRACTOR OF OF OF	HOUR A.M	MONTH DAY	YEAR 19	HOW (NJUR)	Y OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
WHILE NOT WHILE AT WORK	21e. PLACE O	F INJURY T. FACTORY, OFFICE, FARM,		LOCATION		CITY OR TO	WN	COUNTY	STATE
220.1 certify that it (this hosp saw the deceased alive or	4-9	19 8	B, and the	,	955) opinion o	to APRIL	ote and ha	ur and from the	, that (we) lost e couses stated
obove, (Ir (we) (did) (did a	1 artine	1)	DEGR M.D.	ATTE	NDING SICIAN D	MEDICAL STAF		22c DAT	E SIGNED -9-1884
1) PHYSICIAN'S NAME (TYPE OF	ARTMI	an, M.O). 27e	ADDRESS	n.	40th 58	· Chi	esuich) 21211
23a BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAM	E OF CEMET	ERY OR CREA	AATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
Burial	4-12-8	84 Pa	rkwood	Cemet	ery		Balt		Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cashauld be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked at Item 18 shows ony injury, or other traumatic event, the

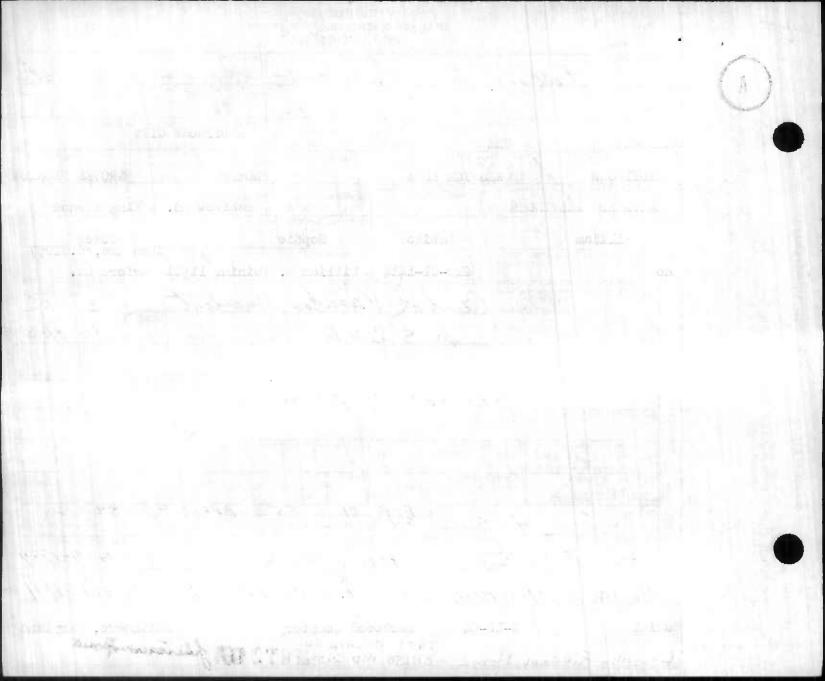
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or ottending physician.

-ASSAHN FUNERAL

FOR

ADDRESS OF BELLIKED 250 DATE REC'D. BY REGISTRAR 256 DEGISTRAR 3 DENTINE BALTO. Mb . 2123 PR 12



	1-	STATE REGISTRAR		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	1
		Colda	I Backof	S S	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 6:05PM
	3.5E)	F 4.R	S. DATE O	4	6. AGE (IN YEARS LAST BIRTHDAY) 50 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
5		RTHPLACE INCATE OFFICIAL 76 COUNTRY)	WIDOWE WIDOWE		9 BALTIMORE CITY OR COUNTY	E CITY MD.
4	30	etomoe	NAME OF HOSPITAL, NURSING HOME OF HOSPITAL PROFESSION OF THE HOSPITAL PROFESSION OF T	PANIANA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY Lymb
2	136	Tyd. NE POUNTY	RER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STY OR TOWN CALLS """	YES NO	130.STREET ADDRESSY ZIP COD	Jr. 21223
ê		Louis MODE	Short	15 MOTHER'S MAIDEN NAM Bestrus	PL	? LAST
		VAS DECEASED EVER IN U.S. ARMED VES, NO OR UNKNOWN) (IF YES, GIVE WA		Jenda ads	ma 3023 Mal	27230 lview Rd.
	HON		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONLY TO DEATH BUT	S the Central To The TERMI	INAL DISEASE OR CONDITION GIV	
	CERTIFICATION	1% DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	INCERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
	10,000 1,10	TIG ACCEPIT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF CHIEFE, NOTEY WEDGEN EXAMPLES	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR #.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
	MEDICAL	M NJURY OCCURRED WHILE DIGITAL CONTROL CONTRO	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22e I certify that (I) (this hospital) saw the deceased alive on above, (I) (we) (did) (did not) vi	iew the body ofter death.		death occurred on the date and had MEDICAL STAFF DIRECTOR PHYSICIAN	19, that (I) (we) last us and from the causes stated
		Steven J	Adoshek	22e. ADDRESS 28 S. G	reen St	1 1 101
	1	Control of the Contro	4-28-19 E4 Theodor	emetery or grematory wridge Mon. Ph	23d. LOCATION	and Go, Just .
	Vi	En L. Cowas -	la de gal Tholine	LY. APR3	O 1984 gute David	Carralament .

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate flos been ugated by the attending physici should be detoched for use as the bund-transfagrent. Then please remove carbon papers with the State Dept. of Health and Mental Hygers poor to burnal, cremation, as removal.

MPORTANT, if hem 21 is marked or hem 1&

4907 F8 96 - NO Coolda I Packsff W 05 0, 3th 60 CHETTINGE CLTY mb USA Driver by of Maryland tomA program(squita A) South Fariance CANORIC OF the Cervin Shuren & Odeshik with Steven T Adoshot 395 Green St The state of the state of the

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	200	>	\vdash	-		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	aal examiner: This certificate should be executed within 24 hours after death. If any delay is in the certificate, writing the word "pending" in pencil in Item 18, give pages 1, 2, and 3 to the f	hould be forwarded to the chief medical examiner along with form PM 3. Retain Page !	: AL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1/AND 2 SHOULD BE FILED.	ATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 M		
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STATE OF MARYLAND

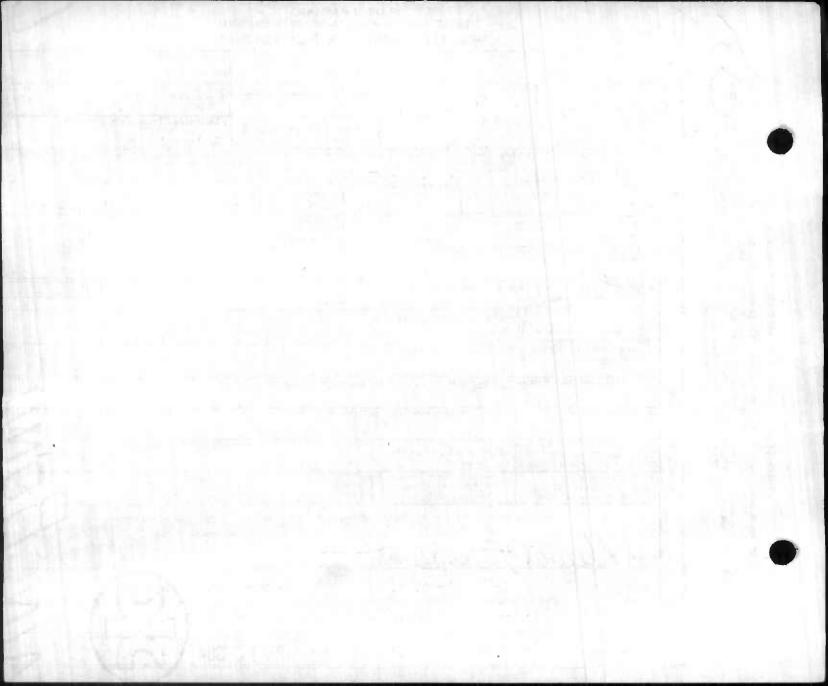
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	(1368	E OR PRINT)	Diane				E	Bacote				MATED [4	9	19 84	M
	3 SEX		4. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN Y		UNDER 1 YR		R 24 HRS	20 DATE		MONTH	DAY	YEAR	2d HOUR
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STATE OF MARYI

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AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

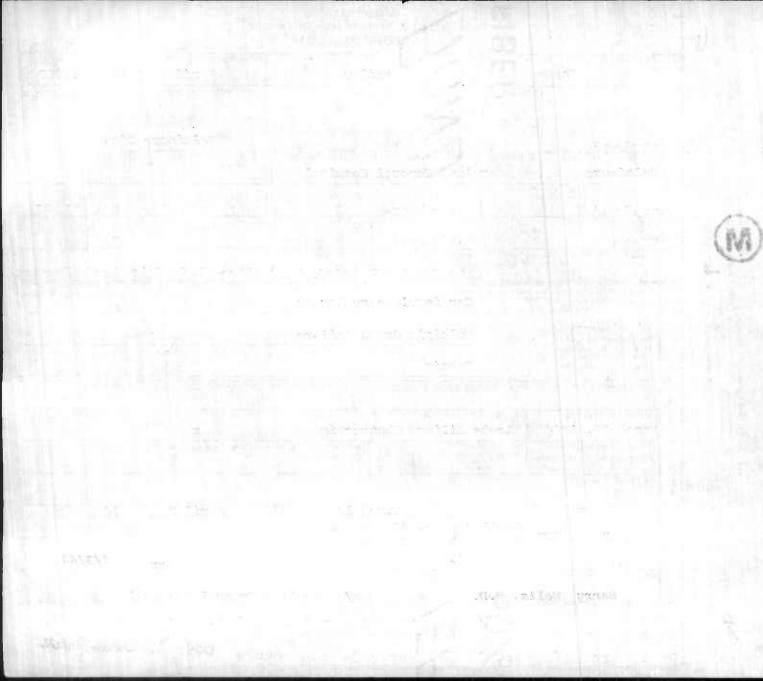
	- STATE REGISTRAR			DEPARIN		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. 1	10.	1 7	
	DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
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retained by the hospital or attending physician.



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22e. I certify that (I) (this hospital) attended the deceased from 19	20					
22e. I certify that (I) (this hospital) attended the deceased from 19	MEL				CITY OR TOWN	COUNTY STATE
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN He dots and hou and from the couses state. 23c. DATE SIGNED 27c.		AT WORK AT WORK		1/100	11/201	
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230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN HOWARD CO. THE CO.		sow the deceased glive on		, and that in (my) aur Popinion	death occurred on the date and	hour and from the causes stated
230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN HOWARD CO. THE CO.	1	22h SIGNATURE				224. DATE SIGNED
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN HOWARD COUNTY OF SOUND		The state of the s	-0			4/248
Journal 4-27-1984 Crest Lown Cen. CITY OR TOWN Howard Co. Mid		274 PHYSICIAN'S NAME LINES	rener)	22e. ADDRESS	11	
Journal 4-27-1984 Crest Lown Cen. CITY OR TOWN Howard Co. Mid		Muly/DI	Out X m	0 11.110.	who dies	61. A. A Hasp.
Journal 4-27-1984 Crest Lown Cen. CITY OR TOWN Howard Co. Mid	73n F	BURIAL CREMATION PEMOVAL	T236 DATE T236 NAMI	F OF CEMETERY OF CREMATERY	123d LOCATION	TOTAL METERS
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	14	NAME COOK	ADORESSE	1 1 1 100	A RESISTANTISTA	TO ALLOW

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or attending physician.

(VRA 15, 4)

BP.

QELAZO, PAZ. P. H. Finner Ide: 11 Th. - MISH HARD frames housely also places The Real Francis Contract of States 11 3 the in the forth with white Mercha J. Part X Dang Makey man which was to see see

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the haspital at attending physician.

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MPORTANT: If them 21 is marked or them 18 shown on

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	STATE REGISTRAR		CERTIFICATE OF DEAT	TH REG. N	0.
	CE ASED NAME Antia	Joyce	Baker	20 DATE OF DEATH	MONTH DAY YEAR 25 HOUR
	Anna	<u></u>	Daker	April 1	
3. SE)	Female 1	RACWhite	NOV 9,1922	6. AGE (IN YEARS LAST BY	MONTHS DAYS HOURS MIN.
		CITIZEN OF WHAT COUNTR	Y? 8.	9. BALTIMORE CITY	
	nnsylvania	USA	MARRIED NEVER MARR	101-	CHY MD.
TO CI	TY OR TOWN OF DEATH	I NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUT	IZO USUAL OCCUPAT	125. KIND OF BUSINESS OR
1	AL RESIDENCE (IF MURSING HOME OR O	1 Universit	not Mdi Hos	Q. Nursing	
13a S	TAMD NO COUNT	Y A SEVE	YES NO	V 7959 Te	regraph Rd. /21144
14 FA		DDIE	15. MOTHER'S MA	IDEN NAME MIDDLE	7
1	Elmer G	Cramer	THEK 2	a -	Hawksworth
	VAS DECEASED ÉVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE Y	ED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	anughten) ADDR	ESS 2 2 04 229ST
	110	Va 177-24	1-7557 Parba	ra line yard	basadena Md 21/2
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line far (a), (b),	and ici.	1.60	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE		o Pulmonal	y Allest	
	4100	DUE TO, OR AS A CONSEC	QUENCE OF	- 0 1.	21 -
	Conditions, if any, which	(16) MGD1	rardial -	Interct10	1 2094
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		0)
	underlying cause last	(c)			
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O					
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORME	D 200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
F				YES NOT	IN CERTIFYING CAUSES OF DEATH? YES NO NO
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY	OCCURRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART T OR PART 2)
AL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
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	228. I certify that (I) (this haspita	I) attended the decored law	n	? to	
	saw the deceased alive on_				ote and hour and Iram the couses stated
		way the bady after death			are and real real real real real real real real
	above, (1) (we) (did) (did nat)	view the body difer dediti.	DECDEE		122 DATE SIGNED
	above, (I) (we) (did) (did nat) 22b. SIGNATURE	3,000	DEGREE	NDING MEDICAL STA	22c. DATE SIGNED
	above, (1) (we) (did) (did nat) 77b. SIGNATURE COOLB	3radle	ATTEN PHYS	NDING MEDICAL STA ICIAN DIRECTOR PHYSI	FF see Millington
	above, (1) (we) (did) (did nat)	3radle	ATTEN		FF see Millington
	above, (1) (we) (did) (did nat) 77b. SIGNATURE COOLB	3radle	ATTEN PHYS		FF see Millington
	above, (I) (we) (did) (did nat) 1726 SIGNATURE 1224 PHYSICIAN'S NAME (TYPE OR) BURIAL, CREMATION, REMOVAL	Bradley Bradley	ATTEN PHYS	WEBULS D	FF see Millington
	obove, (I) (we) (did) (did nat) 27b SIGNATURE ONL B 27d PHYSICIAN'S NAME (1YPE OR)	3 adle of 3 paris 18, 22	ATTEM PHYS 27e ADDRESS NAME OF CEMETERY OR CREM	UCCUL DIRECTOR PHYSI LATORY 23 LOCATION Meterly Geeses	MD KOS JALE PA. STAIR PA.
(OBOVE, (I) (we) (did) (did not) 172b. SIGNATURE 122d. PHYSICIAN'S NAME (IVPE OR) DURIAL, CREMATION, REMOVAL SPECIFY)	3 adle of 3 paris 18, 22	ATTEM PHYS 270 ADDRESS WW NAME OF CEMETERY OR CREM GeeseyTown Cell	UCCUL DIRECTOR PHYSI LATORY 23 LOCATION Meterly Geeses	MD hospial

DHMH - 16 50M 4/83 (VRA 15, 4)

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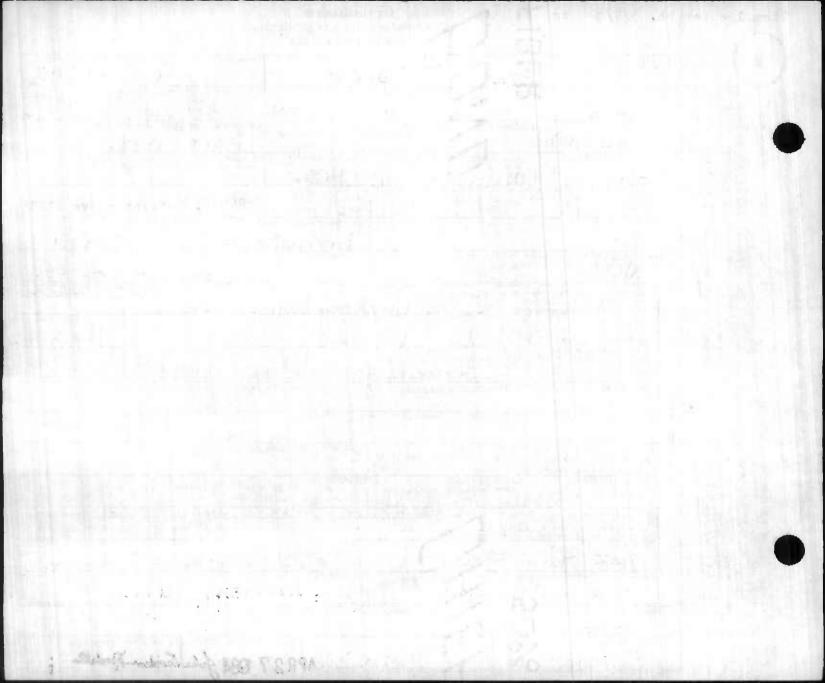
ADDRESS.

Balto., Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

Anatomy Board



within 24 hours after

STATE OF MARYLAND

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	REG.	NO.	-	

1-	FOR				IT OF HEALTH AND MEN ERTIFICATE OF DEA		NE 0 9	11	3	
	REGISTRAR						REG. N		WF 12	
	CEASED NAME	FIRST	N	NOOLE	LAST			MONTH DAY	YEAR	2b. HOUR
0.012	Secretary.	JOSEP		Α	BAKER		APRIL_			3:20рм
3. SE)		4. (RACE		DATE OF BIRTH	YEAR 6	AGE (IN YEARS LAST BIR		THE DAYS	IF UNGER 24 HRS
11	ALE	1	VHI	16	2 12 140	30	84	YRS.		
7a. B)	RTHPLACE (STATE O	R FOREIGN 76.	CITIZEN OF	WHAT COUNTRY? 8.	MARRIED NEVER MAR	RIED 7	BALTIMORE CITY O	R COUNTY OF	DEATH	
F	OLANS	0	1115		VIDOWED N DIVOR		DAKTIM	ORE	CI	MD.
ID-G	TY OR TOWN OF D	EATH 11		OSPITAL, NURSING	HOME OR OTHER INSTITU	HON	20. USUAL OCCUPATI		126. KIND OF	BUSINESS OR
B	ALTIM	DOPF1	11/11	RIH H	650ITA	4	HETT	REZ	2 STATE	
Usu	AL RESIDENCE (IF NI			GIVE RESIDENCE BEFORE AD		1	CEDELL ADDDESS		111:	200
m	DRYIAN	13b. COUNTY		BALLIA	YES TO NO		13 DA ADDRESS	RB	5	577
14. FA	THER'S NAME			JUITES I P	15. MOTHER'S MA			. / 1		977
17	IN ALL S	TANI	DUE	LAST	11 AY	KILL	2 W N MIOOLE		LAST	
16n V	VAS DECEASED EVI	R IN U.S. ARME	D FORCES?	16b. SOCIAL SECURIT	Y NO. 17 INFORMANT	-	- ADDRE	SS 1		
	YES. NO O UNKNOWN)	(IF YES, GIVE W		217112	349 LARET	TA LA	ETE UN	11 11	RIF	1.17
	100			01/0100	7/10/16/	11.11	15 70	7 110	APPROXI	MATE INTERVAL
	PART I. DEATH	VALAS CALISED D	IV.	line for (a), (b , and (2 77 77 70	100		BETWEENC	INSET AND DEATH
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	038	7	DUE TO, OF	AS A CONSEQUEN						
20	Conditions, if or		(b)		RENAL	FAILU	JRE			
	cause (a), sta underlying cau	ting the "	DUE TO, OF	AS A CONSEQUEN					22	
			(c)		SEPS					
7	PART 2 OTHER SI				ATH BUT NOT RELATED TO			DITION GIVEN	IN PART 110	
5	LOWER (DIVERTICU			Ten muse u		
NA N	190 DATE OF OPER	RATION	196 CONDI	TION FOR WHICH OF	PERATION WAS PERFORME	D	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN		
CERTIFICATION	4-1-				MINAL SEPS		YES NO	YES [NO 🗆
	210. ACCIDENT WAS O		216. TIME O	FINJURY M. MONTH DAY	YEAR 21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
S S	(IF EITHER NOTIFY M		P./		19					
MEDICAL	21d. INJURY OCCU	IRRED	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FARA	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
Σ	WHILE NOT	WHILE VORK	(At Nome of	LET, FRETONT, OFFICE, FANN						
	22a.1 certify that	(I) (this hospital)	ottended the	deceased from	2-1 , 1	, 84			84	hat (I) (we) last
1	saw the dece	osed alive on (did) (did not) v	4-27	19_8	4_, and that in (my) (our) opinion de	eath accurred on the d	ate and hour o	nd from the o	causes stated
	226. SIGNATURE	A TOTAL	new me body	offer death.	DEGREE				224 DATE	
	M	18.9/2	m	S		NDING SICIAN T	MEDICAL STA	FF IAN P	4.2	7.84
	22d PHYSICIAN'S	NAME (TYPE OR PE	RINT)				CH HOSPIT		-	
14	Dr. MURA	RI LAI	BIJP	URIA MD.	100 No	rth E	Broadway	Baltin	nore,	Md. 21231
73a 5	UBAL, CREMATIO		23h DAVE		ME OF CEMETERY OR CRE/	AATORY	1234 OCATION			
	1511811	2/	5/0	1984 HO	LYMOSARY	1	1-57997	nope	PONTY	my
	INERAL DIRECTOR	~	1-1	1-11/01	1 2	25g. DATE	REC'D, BY REGISTRAR	25b. REGISTRA	R'S SIGNATI	JREAS .
1/	NAME	KANT	INPA.	15HADDRESS -	2-LIFET	HPR.	REC'D. BY REGISTRAR	ha Davide	on-Man	7406
W Y2	TETORE	1, 11,00	UNUM	11000	NO FACE	1	11			3

DHMH - 16 50M 4/82 (VRA 15, 4)

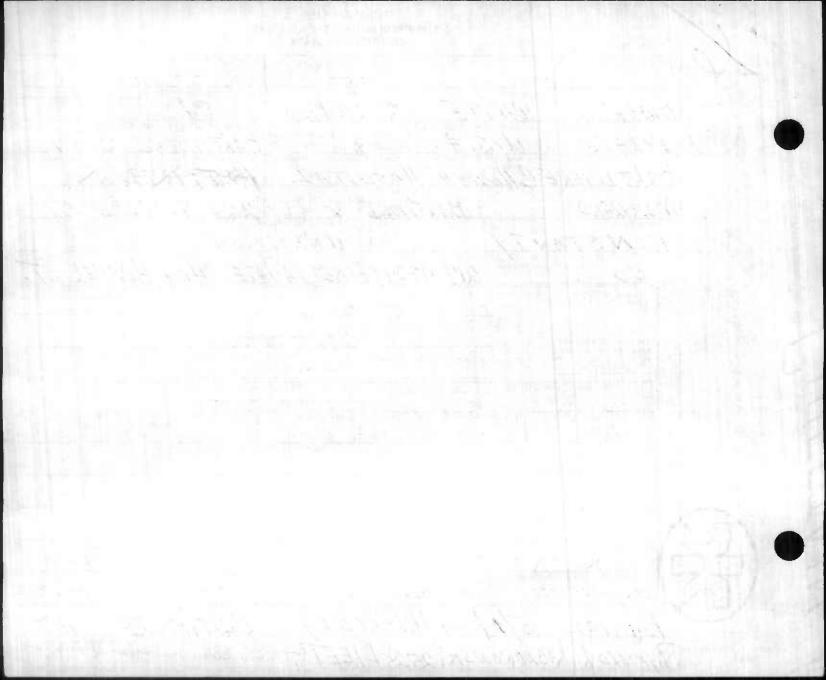
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TO FINEFAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by shall be attached for use as the burial-transit permit. Then please remove carbon popers. Pages it and 2 should be filled with the state Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

injury, or ather troumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be referred by the haspital or attending physician.



should be detached for use as the burial transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to burial MPORTANT: If Hem 21 is marked or Hem 18 spaws ony injuryes

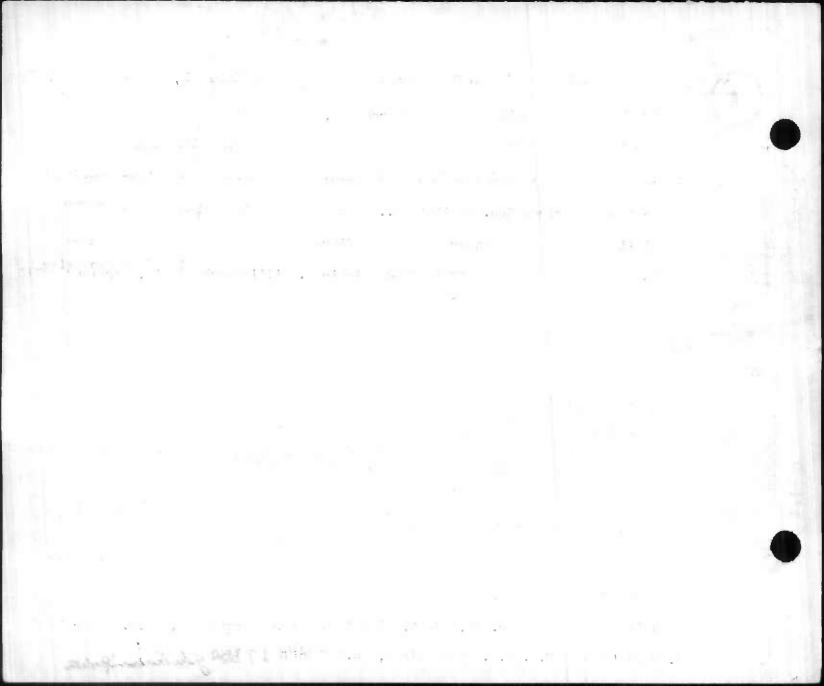
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT ALTHYGIENE

FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	der f		
1. DECEASED NAME FIRST	WIDDLE	LAST	26. DATE OF DEATH MONTH DAY	YEAR 26 HOUR		
(TYPE OR PRINT) MARY	Lee	BAKER	APRIL 13, 198	4 11:1		
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 H		
/ Female	White	March 22, 1920		NIHS DAYS HOURS M		
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		- 9 BALTIMORE CITY OR COUNTY O	F DEATH		
Maryland	USA	WIDOWED DIVORCED	I DAT MINODE CIM	Y		
BALTIMORE	11. NAME OF HOSPITAL, NURS MENOT IN SUCH FACILITY, GIVE STRE JOHNS HOPKIN	SING HOME OR OTHER INSTITUTION SET ADDRESS) IS HOSPITAL	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Centrex Superviso	126 KIND OF BUSINESS INDUSTRY r Hospital		
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		Hospital		
	nce Geo. Capito	1 Hts. YES X NO	616 Balboa Avenu	e 20737		
14 FATHER'S NAME FIRST William	MIDDLE LAST Baker	15. MOTHER'S MAIDEN FIRST Clara	N NAME MIDDLE	Jones		
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		ADDRESS	-l Dulin		
(YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES) 217 10	6034 Vickie L.	Killingbeck Bowie,	ylvan Drive Maryland 20		
	only one cause per line for (o), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA		
PART I. DEATH WAS CAUS	SED BY:	ulmonary Arre	st	minutes		
5.728 MMEDIN						
Conditions, if any, which	DUE TO, OR AS A CONSEC	ic Shock		1 day		
gave rise to immediate cause (a), stating the	(6)			0		
underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF.		5 days		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NO RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN	I IN PART tra		
& Lung lail	minated intraval	was wask				
HE TO DATE OF OPERATION 4/4/84 21a. ACCIDENT WAS UNDERLYING	I 190 DATE OF OPER MION 190 CONDITION FOR WH			VERE FINDINGS USED		
4/4/84	intestina	bleedin	YES NOT YES	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)		
216 ACCIDENT WAS UNDERLYING		21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)		
OR CONTRIBUTING CAUSE OF D		DAY YEAR				
(IF EITHER, NOTIFY MEDICAL EXAMIN	€R) P.M. 21e. PLACE OF INJURY	211 LOCATION		5.0a La		
	LAT HOME STREET FACTORY OFFIC	E, FARM ETC) STREET	CITY OR TOWN	COUNTY STATE		
AT WORK AT WORK	pital) attended the deceased from	4// 10 1	P4 10 4/13 10	84 , that ()(we)		
	27 / 1 -		nion death occurred on the date and hour	1/		
61. 2	on 19	DEGREE		22c. DATE SIGNED		
obove (I) (we) (did i		PLONEC		111-12		
obove/II/(we)/dig/) (did n	buth	MO ATTENDIN		4/13/8		
226. SIGNATURE 226. PHYSICIAN'S NAME (18)		PHYSICIA 27e ADDRESS	AN DIRECTOR PHYSICIAN	4/13/8		
226. SIGNATURE 226. PHYSICIAN'S NAME (18)	CHERKE WIEBKE	PHYSICIA 27e ADDRESS	HOPKINS HOSP	BALT M.		
226. SIGNATURE 22d. PHYSICIAN'S NAME (1) ERIC A 236. BURIAL, CREMATION, REMOVA	WIEBKE 23 DATE 23	PHYSICIA 22e ADDRESS TOHNS 6. NAME OF CEMETERY OR CREMATO	HOPKINS HOSP DRY 23d LOCATION	BALT M. OUNITY MARY STATE		
77b. SIGNATURE 77d. PHYSICIAN'S NAME (1) ERIC A	WIEBKE 23 DATE 23	PHYSICIA 220 ADDRESS TOHNS NAME OF CEMETERY OR CREMATO Ft. Lincoln Cemet	HOPKINS HOSP DRY 23d LOCATION	. Marylan		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL



STATE OF MARYLAND

9	1	

	STATE 1			F HEALTH AND MENTAL HY	GIENE			
_	REGISTRAR WILLIAM	VM.		TIFICATE OF DEATH	REG. NO.			
	EASED NAME FIRST	MIDDL	10	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR		
V	William	h	13,	HKER	4	8 84 130		
3:56X		RACE		E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 H		
1	Male	w	White M	DAY YEAR O 7	-//2	MONTHS DAYS HOURS MI		
	THPLACE (STATE OR FOREIGN	L CITIZEN OF WHA	T COUNTRY? 8.		9 BALTIMORE CITY OR COUNTY	OFDEATH		
COU	Maryland	118 /	1	RIED WEVER MARRIED	Baltinger	PSF,		
ID CITY	V	NAME OF HOS		WED DIVORCED	120 USUAL OCCUPATION	126. KIND OF BUSINESS		
21	Boltimon	(IF NOT IN SUCH FAC	JOWN O	reton Hosp-	(TYPE OF WORK FOR MOST OF WORKING LII Meat Packer	FE) INDUSTRY		
13a ST.	RESIDENCE (IF NURSING HOME OR O		CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
Ma	aryland VBal	timore	Parkwood	YES NO	8119 Conduit	Road 21234		
A FAT	HER'S NAME	IDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST		
Y	August		ker	Margaret		Maguire		
	AS DECEASED EVER IN U.S. ARA		SOCIAL SECURITY NO		ADDRESS			
(YES	S, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	14 01 1660	Myrtle Bal	ker 6401 Loch Ra	ven Blvd 212		
T		APPROXIMATE INTERVAL BETWEEN ONSET AND DE						
	PART I. DEATH WAS CAUSED IMMEDIATE		3 CALLS					
		20091						
	Conditions, if any, which (b) THELIAR MEMORIC							
		J way I						
gove rise to immediate couse iol, stating the underlying couse lost						covered use		
(c) 13/400 3/2m 1/10m						J . V. 6107 00.CL		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING, TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 AUTOPSY? 210 TIME OF INJURY 2110 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM							
131	90 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERA	TION WAS PERFORMED		S, WERE FINDINGS USED		
Ĕ					1	FYING CAUSES OF DEATH?		
18	210. ACCIDENT WAS UNDERLYING	216. TIME OF IN			RED (ENTER NATURE OF INJURY IN ITEM 18, F			
	OR CONTRIBUTING CAUSE OF DEAT	"	MONTH DAY YE					
1 2 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF II		9 21f. LOCATION				
	WHAT ION NOT WHITE IT		ACTORY, OFFICE, FARM, ETC.		CITY OR TOWN	COUNTY STATE		
1 F								
2	22a. I certify that (I) (this hospit- saw the deceosed alive an _	all attended the de		and that in (my) (our) appropri	deoth occurred on the date and hou	19, that (I) (we)		
	obove, (1) (we) (did) (did nat	view the bady after	death.	_	death occurred on the date and hou			
1 2	22b. SIGNATURE	AX	4	DEGREE	MEDICAL STAFF	221. DATE SIGNED		
1	TAPPU	11. 110	Hears	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	14/8/84		
	AN TITUR		EBENS	220 ADDRESS	Somoviton to	white?		
23a BU	IRIAL, CREMATION, REMOVAL	236. DATE		F CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE		
	Burial	Apr 11	1984 More:	land Memorial	Baltimore	Maryland		
	onard J. Ruck	Inc. Be	altimore, I	Maryland 250. DA	TE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE		

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO FUNERAL DRECTOR, After this certificate has been signed by the attending physician of shoold be detached for use as the by soft transit permit. Then please comove carbon papers. Powith the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removed.

ATTENDING PHYSICIAN, The low

TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the hispital or otherding physician

entropy of the contract of the the second control of the second control of

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this cartificate has been signed by the outending physics should be detached for use as the burial-transit permit. Then please remays carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. OR ATTENDING PHYSICIAN: The low requires that the retained by the hospital or attending physician. TO HOSPITAL

FOR - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTALHYGIENE
CERTIFICATE OF DEATH

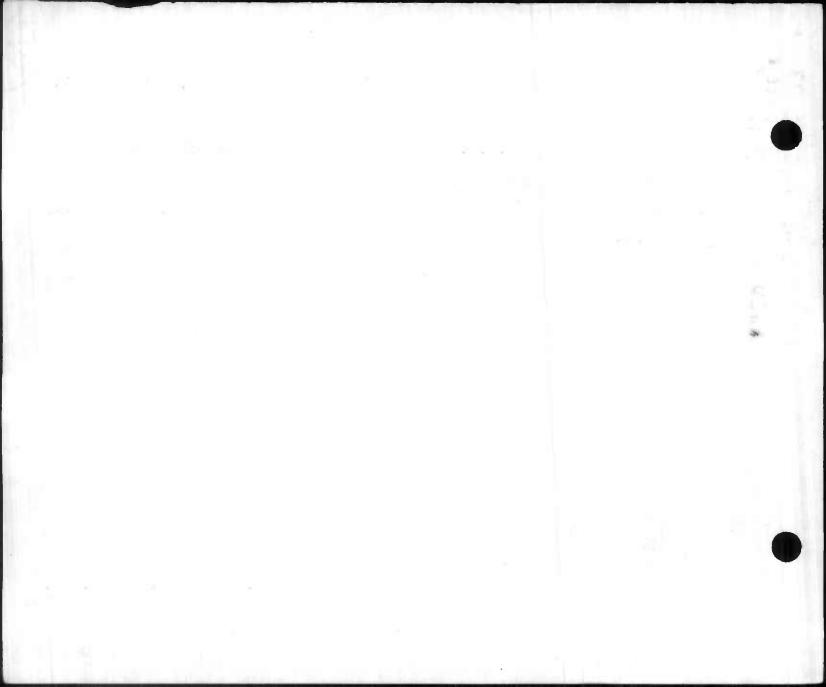
TALHIYGIENE () 9 / 1 6

		REGISTRAR				CENTIL	CAILOID	LAIN	REG	NO			
		CEASED NAME	FIRST	A	AIDDLE	U	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HO	UR A
		A	LICE		E		BANKS		APRIL	2, 198		12:	30M
	3. SEX	(4. RACE		5. DATE O		YEAR	6 AGE IN YEARS LAS		MONTHS DAYS	HOURS	R 24 HRS
	11.000	Female		В1а	ack	3	12	17	6.7	YRS.	TO THE SALE		
-	7a. BIF	RIMPLACE (STATE OF F	OREIGN	b. CITIZEN OF	WHAT COUNTRY	? 8.	NEVER A	AAPPIED T	9 BALTIMORE CIT	OR COUNTY	OF DEATH		
1	M	aryland		U.S.		WIDOWE	D D	VORCED 🔲	BALTIM	ORE CI	TY		MD.
1	10. CI	TY OR TOWN OF DEA	ATH		OSPITAL, NURS		R OTHER INST	ITUTION	12a USUAL OCCUP		12b. KIND C		ESS OR
5		BALTIMOR			OHNS HO		HOSP	ITAL					
1	13a. S	AL RESIDENCE (IF NURS	13b COUN	TY	GIVE RESIDENCE BEFO		13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRES	S / ZIP CODE			
1		aryland			Balti	more	YES X	NO 🗌		North	Ave.	212	13_
1	14 FA	THER'S NAME		AIDDLE	LAST			FIRST	MIDDLE		LA!	ST	
10		Willia	m		Davis		Je	anette			Dav:	is	
		AS DECEASED EVER		AED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMA	NT	AD	DRESS			
		NO			212-12	-9432	Jame	s Bank	s 2209 1	East N	orth	Aven	
		18 CAUSE OF DEATH	H (Enter onl	y one couse per	line for (o), (b), o	and (c).1			4		APPROX BETWEEN	ONSET AND	RVAI D DEATH
				E CAUSE (o)	Cord	opul	mond	vej (arrest		5 M	nin	
	>	4821		DUE TO, OF	AS A CONSEQU	UENCE OF		J			10	- /	
		Conditions, if ony,		(b)	backe	~ at	preu	mont	7		13	da	15
		gove rise to imm couse (o), stotin	g the	DUE TO, OF	AS A CONSEQU	UENCE OF						- (
		underlying couse	lost.	(Ic)									
	,	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	ONDITION GIV	EN IN PART I	0	
	10												
>	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	H OPERATIO	WAS PERFO	RMED	200 AUTOPSY?	IN CERTIF	YING CAUSES		
K	RTI								YES NO	•	S 🔲	NO	8
)		OR CONTRIBUTING		HOUR A.	finjury M. Month [DAY YEAR	21c HOW IN	JURY OCCURRE	ED (ENTER NATURE OF	NJURY IN ITEM 18 P	ART 1 OR PART 2)		
1	1CA	(IF EITHER NOTIFY MEDI	CALEXAMINER)	P.J		19							
	MEDICAL	214 INJURY OCCURE		21e. PLACE (OF INJURY EET, FACTORY, OFFICE	, FARM, ETC)	21f LOCATIO	N	CITYO	RTOWN	COUNTY		STATE
		AT WORK AT WO	RK				1	9/11	11. 1-		01/		
		22a I certify that	Athis hospit	al) ottended the	deceased from		d Ab = A in (mux)	, 19 <u>84</u>	eath occurred on the			that (f) (
		sow the decease obove (1) (we (c	didy (did not	view the body	ofter deoth.	on		(our) opinion a	eath occurred on the	dote and hou			
		22b. SIGNATURE	16	11			DEGREE	TTENDING	MEDICAL S	TAFF .	22c. DATE	SIGNED	A
		Br	mil	oun	MO		ا	PHYSICIAN [DIRECTOR PHY		17/2	18	
		224 PHYSICIAN'S NA			ONE		22e ADDRES	600	N. WOLF	E ST	BALTO	# MI).
Ц		10,	sce					ms 1	coplins	10	TAIT	2	1205
	23a. B	URIAL, CREMATION, BURIAL	REMOVAL	236. DATE			EMETERY OR C		23d. LOCATION CITY OF TOWN		COUNTY		STATE
				4/5/8	34 G	arris	on Fo						1d.
		INERAL DIRECTOR			ADDRESS			APR	A 1084	AKING REGIST	RAR'S SIGNA	Indak	4
	T.7	C M1	77 / 77	T	1101 7	37 4 1		77 7 64	4 1404	JULY WILL	in formal . If	4	

DHMH - 16 50M 4/83 (VRA 15, 4)

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IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical e

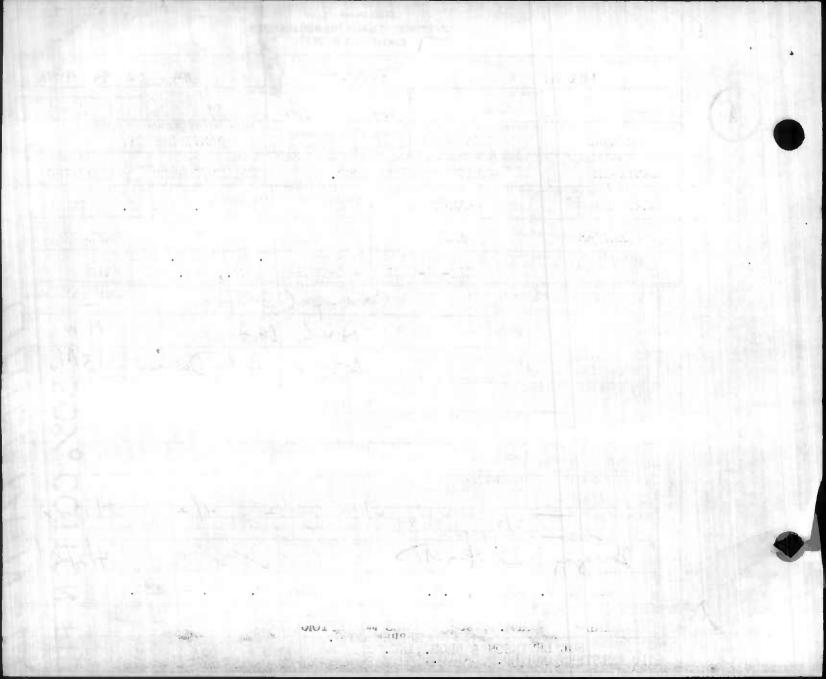


ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

retained by the heaptild or attending physicion.

DHMH - 16 50M 4/B2 (VRA 15, 4)

4	FOR		DEPARTM		E OF MARYLAND IEALTH AND MENTAL HYG	IENE DANKS	MORTO) N
7	- STATE REGISTRAR	1			ICATE OF DEATH	U 9	0.11	/
	I. DECEASED NAME FIRST	, MID	DIE		AST	11.01.11.01.01.01.11.11	MONTH DAY	YEAR 26 HOUR
	MORTO				ANKS	0.		84 115/01 ER I YEAR IF UNDER 2
1	MALE	4. RACE WHITE		5. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS	
Mr	70. BIRTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF WI	HAT COUNTRY?	SEPT	X	9. BALTIMORE CITY O	R COUNTY OF DE	ATH
1	comary Land	US	A	MARRIE	D NEVER MARRIED DIVORCED	BALTIN	ORE CITY	
14	10. CITY OR TOWN OF DEATH BALTIMORE		UNION MEMORI			TATLOR/CU		KIND OF BUSINES CLOTHING
and the	USUAL RESIDENCE (IF NURSING MON 130. STATE MARY LAND		VE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES PAN NO [133501 ST. I	AUL ST.	#21218
Second L	14 FATHER'S NAME "NATHAN		BANKS'		15. MOTHER'S MAIDEN NAM	MIDDLE		INKNÖWN
medicol	(15 WAS DECEASED EVER IN U.S.	GIVE WAR OR DATES	86. SOCIAL SECU 212-01-0		17. INFORMANT MF 4 CANDLEMAKE	R. BERNARDON ER CT., APT.		21208
nt, the	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	r only one couse per lin	ne for (a), (b), and	die d	artisoul b	Frest		APPROXIMATE INTERV BETWEEN ONSET AND D
ic eve		DIATE CAUSE (0)			200	^		04 1
romot	Conditions, if ony, which		AS A CONSEQUE	NCE OF	Houts 1	10		MIN
other tro	gave rise to immediate couse (a), stating the underlying cause last		AS A CONSEQUE	NCE OF	Coronary	Arty Da	zer	3110
ry, or	PART 2. OTHER SIGNIFICA	T CONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISE ASE OR CON	DITION GIVEN IN	PART Iro
y injo	OF THE PERSON NO.		011 5 0 8 11/11/511	00504710	N WAS PERFORMED	200 AUTOPSY?	Took IE VEC MATER	E FINDINGS USED
UO SMO	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDING	ON FOR WHICH	OPERATIC	ON WAS PERFORMED	YES NO	IN CERTIFYING	CAUSES OF DEATH
18%	OR CONTRIBUTING CALLSE O	DEATH HOUR A.M.	MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OF	R PART 2)
3/	(IF EITHER, NOTIFY MEDICAL EXAM	21e. PLACE OF	INJURY	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn cc	DUNIY STA
arks	AT WORK AT WORK				/ /0 10 82	4/2		04
21 14 2	220. F certify that (I) (this has a saw the deceased alive above, (I) (see) (did) (du.	2 1		84.	nd that in (my) (and) apinion		ote and hour and f	rom the couses stat
N 15 3	276. SIGNATURE	d. Stb	Kn MT	>		MEDICAL STAI		4/2/8
MORTA	22d PHYSICIAN'S NAME (* GREGORY	F. WALKER	, M.D.		UNION ME	EM. HOSP	BALTO.,M	I D
5	230 BURIAL, CREMATION, REMO	APR.4,1	984 MC	SES I	MONTEFIORE WOO		ALT IMORE	
1/B2	24 FUNERAL DIRECTOR SOL	LEVINSON 8	BROS	INC.	21215 AP	E REC'D. BY REGISTRAR	155 REGISTRAPS	SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filter with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical according

STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR	DEI	1	1 8					
	I. DEC	CEASED NAME FIRST	MIDDLE	į.	AST	I	REG. N 20. DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR
1	TYPE	Emilia		B	acan			4	11 84	130 PM
	3. SEX		4. RACE	5. DATE C	F 8IRTH	THOAY)	IF UNGER 1 YEAR	IF UNGER 24 HRS		
		Female	white.	MONTH	28	VEAR OG	74	YRS	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY?	NEVER MAR	PIED IN	BALTIMORE CITY			
	i	LKranian	U.S.A.	WIDOWE			Balti	none	City	MD.
2	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		R OTHER INSTITU		20. USUAL OCCUPAT			F BUSINESS OR
Baltimore South Baltimore General Hosps Non										
5	13e. S	TATE 136 COUN	VIY 13c CITY O	RTOWN	134. INSIDE CITY I		30. STREET ADDRESS		<1	21226
4	I4. FA	THER'S NAME	10011	-imore	YES NO	AIDEN NAME	1601 3	pru	12 06	
U			MIDDLE	Q A J A J		MIDDLE	-	nV Kalas	Lud	
	160 W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFOPMANT	77.11	ADDR	SS	FAC	Chyl
	(Y	FS. NO OR UNKNOWN) (IF YES GIV	WAR OR DATES) 064-	32-1105	WAlter	BAC	AN	AM	£ 1.3	
		18. CAUSE OF DEATH (Enter on			L-VIII II CIS	1			APPROXI BETWEEN C	MATE INTERVAL
		PART I. DEATH WAS CAUSE		didpulme	nyry	Acre	5+			
		1629	DUE TO, OR AS A CON	SEQUENCE OF	-					
		Conditions, if ony, which	(16) OSS	ible 3	repsis					
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF		(0	1111			
		underlying couse lost.	((c) Lu	ng Cw	cinoma	(P)	obuble)			
	7	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CON	DITION G	EIVEN IN PART 10	0
	CERTIFICATION		Tun compired to a		WAS SERVED		20e AUTOPSY?	Tank IE V	ES, WERE FINDIN	ICC USED
Y	FICA	19a. DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORME	ED .		IN CER	TIFYING CAUSES	OF DEATH?
1	ERTI	21a, ACCIDENT WAS UNDERLYING	1 21b. TIME OF INJURY		21c HOW IN JUR	Y OCCURRE	YES NO Y		YES OR PART 2)	NO 🗌
/		OR CONTRIBUTING CAUSE OF GEA	HOUR A.M. MONT	H DAY YEAR	THE HOW MYSOK	1 OCCORNE	D TENIER MATORE OF 1430	RT IN TIEM T	B PART) OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	211 LOCATION			-		
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET		CITY OF TO	WN	COUNTY	STATE
		220.1 certify that (1) this hospi	tal) attended the deceased	from MAC	h 22 1	984	10 April	11	19.84	that (IT we) lost
		saw the deceased alive on	// ~ ^ / / / /			r) opinion de	oth occurred on the d	ate and h		
		226 SIGNATURE	i) view the oddy offer deoth.		DEGREE				22c. DATE	SIGNED
		1/2	renheld			NDING SICIAN	MEDICAL STA		41	11/84
		224. PHYSICIAN'S NAME TYPE O	PR PRINT)	11	22e. ADDRESS	0.11		1	, ,	1
		Kobert	J. Neute	eld	South	Bulti	more Gener	rel	Haspit	2
		URIAL, CREMATION, REMOVAL	23b. DATE	231. NAME OF C	EMETERY OR CREA	MATORY	234 LOCATION		COUNTY	STATE
		BUNIAL	14-14-84	St. Mic		m.	Devolute		SA It	mi).
	24. FL	INERAL DIRECTOR	AO	DRESS HAGE PE	A meterials	250 DATE	REC'D. BY REGISTRAR	25 REGI	STRAR'S SIGNAT	URE Danda 00_

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

McCully Funeral Home

Balt. mD. 21276

Mark Service Land Service 18 18 Emile Help District Party Help - Line & the fall from at Plant day and Plant Pilled FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	0	- 1	4	
U	REG. N	10.	1	9

7		REGISTRAR		CLKIII	ICAIL OI DEA	• • • • • • • • • • • • • • • • • • • •	REG. NO	5.	1		
		CEASED NAME FIRST	MIDDLE	L	AST	20	DATE OF DEATH	MONTH OAY	YEAR	26 HOUR	{
	TYPE	Willia Willia		Barbe			April 1,	1984			М
	3. SEX	(4. RACE	S. DATE C		YEAR 6	AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNOFR 2	MIN.
	1.5	Male	Black		26 20	Ö Ö	63	YRS			
		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHA	COUNTRY? 8	-E1	9	BALTIMORE CITY O		FDEATH		
2	N.C. USA				DEVER MARI	CED []	Baltimor	e Cit	У		MD.
0		Baltimore	11. NAME OF HOSP (JENOTAL SUCH FACE 325 E.	ITAL, NURSING HOME C LITY, GIVE STREET ADDRESS) Lafayette		(1	LO USUAL OCCUPATE TYPE OF WORK FOR MOST OF		126. KIND OF INDUSTRY	FBUSINES	S OR
5	USUA 13e. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUP	OTHER INSTITUTION GIVE R	esidence before aomission) city or fown altimore	13d. INSIDE CITY L YES K NO	3	street address /	zip code ifayet	te Av	2120 e.	52
	I4. FA	THER'S NAME	WIDDIE	LAST	15 MOTHER'S MA		WIDOIE		LAST		
Ø		Henry		rbee	Meli	ssa		A	lston		
f.		VAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17 INFORMANT		ADDRE	SS			
		NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	44-16-9020	Ethel	Barbe	e 325 E.	Lafa	-		
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I, DEATH WAS CAUSED BY								MATE INTERV	DEATH
			TE CAUSE (a)	LOIA - FUZNA	any	Arrest			MI	uter	
	197	4029	DUE TO, OR AS	A CONSEQUENCE OF	5,				,		
		Conditions, if any, which	((b)	HIM 7	Typerte	いらしつ			Yea	5-2	
П		gave rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF	6				/		
	3	underlying cause lost.	(c)	Carrestil	e Hem	t Fai	ilne		1/e	210	
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE OR CONT	DITION GIVEN	IN PART IIO		
1	O.	Carried and Carried									
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	IN CER			IN CERTIFYIN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)		
7	ERT	210, ACCIDENT WAS UNDERLYING	7 216 TIME OF INJ	LIRY	171c HOW IN JUR	Y OCCURRED	YES NO NO NOTER NATURE OF INJUR			140	
		OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DAY YEAR			(Ettick throng of his				
	O.	(IF EITHER, NOTIFY MEDICAL EXAMINE		19	211 LOCATION					_	
	MEDICAL	21d INJURY OCCURRED	(AT HOME, STREET, FA	CTORY OFFICE FARM ETC)	STREET		CITY OF TO	WN	COUNTY	51.	ATE
		AT WORK AI WORK			V.,	£ ?	2/	773	2/		
И		22a.1 certify that (I) (this hosp	フノハノ	100	86.1	900	., to	, 19.		that (I) (w	
94	- 1	sow the deceased alive or above, (I) (we) (did) (did no		death) apinian dea	oth occurred on the do	ite and hour ar			red
	13	226. SIGNATURE	0		DEGREE	NDING	MEDICAL STAF	rr .	22c. DATE	SIGNED	
1	1.6	Derra	Un-	MY		SICIAN []	DIRECTOR PHYSIC	IAND	4/3	100	/
ä	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		1111	/	44.4	^	
			ACHNER		10/11		of Md N	csp.	ME	0. 00	PT.
		SURIAL, CREMATION, REMOVAL			EMETERY OR CREA		23d LOCATION	7 5	OUNTY	* 1	44
		Burial	4/6/84	Cedar	Hill C		Anne A			• Iv	ID
1	24 FL	JNERAL DIRECTOR		ADDRESS	7	250. DATE 0	BY RECESTAR	250 REGISTRA	AGAMAN	andel	2
	Wr	0 M 1 7	F/H 1101	E. North	Aye,	MI II		/			

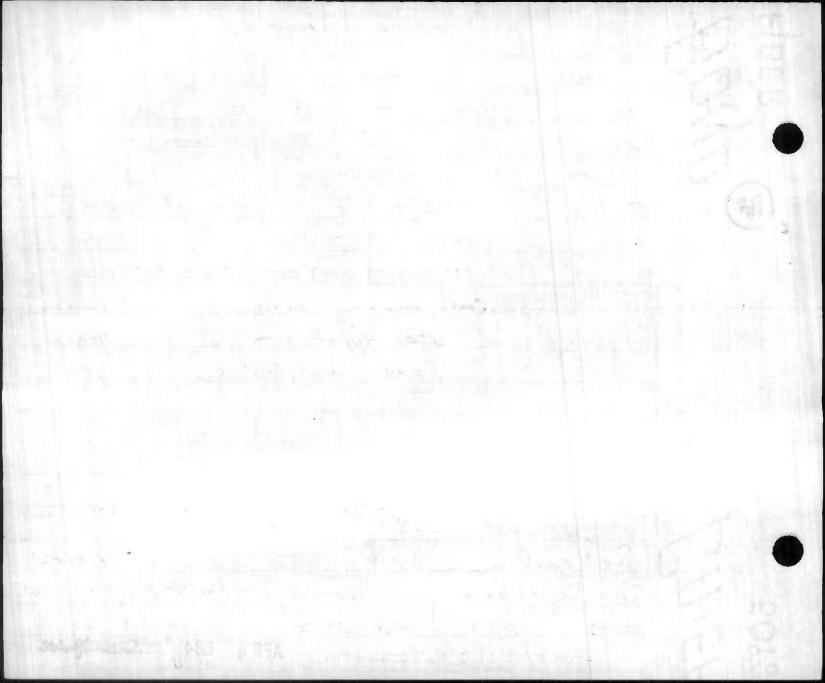
DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a model and detailed the second tentral permit. Then please remove corbon paper. Pages in the state Desir of Health and Mental Hyperin print to burial, cremation, or removal.

mjury, or other troumotic event, th

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate eleaned by the hospital or attending physician.



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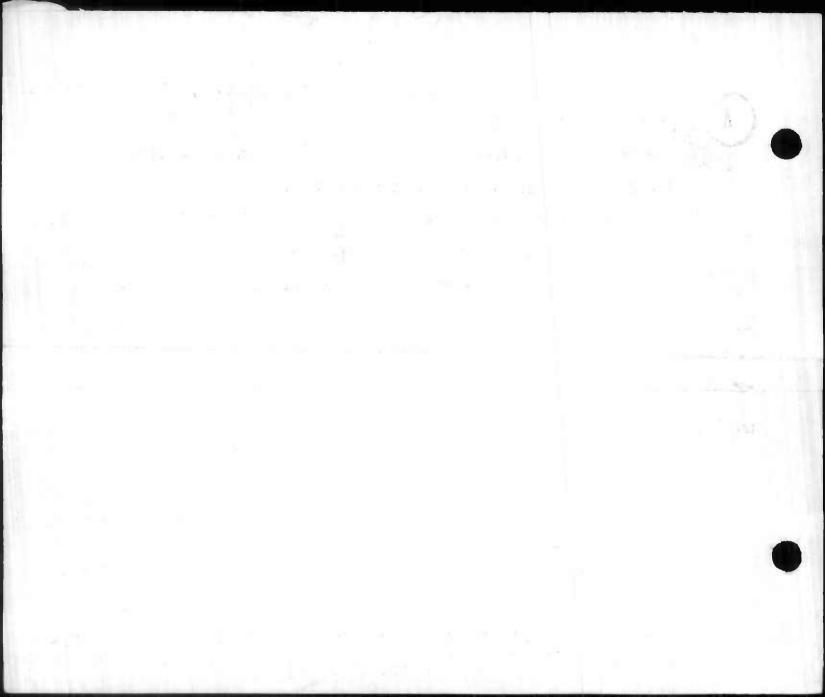
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

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	*		15, 169	-

1'	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	40.	. 0		
	ECEASED NAME FIRST	N	MDDLE	L	AST Too	20. DATE OF DEATH	ніиом	OAY YEAR	26 HOUR	
(17	PE OR PRINT) Don	Į.	A	Barn	es Jr.	APRIL 7,	1984		2:10 RM	
1.5	EX	4. RACE	are a manife to different	5. DATE C) DIGIT.	& AGE (IN YEARS LAST E	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
M	fale	White		MONTH 4	7 1984		YRS.	MONTHS DATS	13 40	
70.	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF V	VHAT COUNTRY	(? 8 MADDIE	D NEVER MARRIED X	9 BALTIMORE CITY	OR COUNTY	Y OF DEATH		
M	Maryland	U.S.A	•	WIDOWE		BALTIMOR	E CIT	Ϋ́	MD.	
10.	CITY OR TOWN OF DEATH		OSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OR	
	ALTIMORE /	THE JO	OHNS HO	DPKINS	HOSPITAL	TITPE OF WORK FOR MOST	Or WORKING (II	(FE) INDOSTRI		
130	UAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	13c. CITY OR TO	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	E		
M	Maryland Bal	timore	Dunda	lk	YES NO 🔀	2716 Dur	ıbrool	k Ct.	21222	
14.1	FATHER'S NAME	AIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE			AST	
D	on		Barnes	,Sr.	Yvonne	М.			ton	
160	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SEC	CURITY NO.	17. INFORMANT	ADD	RESS204	2 Jasm	ine Roa	
N	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	None		Robert H. S	Sutton	Balt	to., M	ID. 2122	
									XIMATE INTERVAL	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARSIO RESPRATORY FAILURE							CONE	CONGENITAL	
	7651 DUE TO, OR AS A CONSEQUENCE OF								2 Ars	
	Conditions, if any, which (16) I HHATILRITY OF LUNGS								V. 1	
	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
	underlying couse lost. (c) PREHATURITY									
63	PART 2 OTHER SIGNIFICANT O	ONDITIONS CO				INAL DISEASE OR CO	NDITION GIV	VEN IN PART 1	10	
CERTIFICATION										
1 A	190 DATE OF OPERATION	190 DATE OF OPERATION 196 CONDI			ITION FOR WHICH OPERATION WAS PERFORMED			S, WERE FIND		
E						YES NO		ES [NO [
SE L	210 ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)		
AL	OR CONTRIBUTING CAUSE OF DEA	NIP .	A. MONTH	DAY YEAR						
MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY		211 LOCATION			COUNTY	STATE	
N.	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET FACTORY, OFFICE	E, FARM ETC)	STREET	CITY OR	OWN	COUNTY	STATE	
	22a I certify that (I) (this hospi	tol) attended the	decensed from	47	10 84	10 4	7	10 84	that (I) (we) lost	
	sow the deceosed olive on	77	19	611	nd that in (my) (aar) opinion d	leath occurred on the	date and hor	ur and from the		
	above, (1) (did) (did) (did)	t) view the body	ofter deoth.		DEGREE			22c DAT	E SIGNED	
L	Marie Dung	+- Jus.	160. PH	1	ATTENDING _		AFF	14/2	184	
	22d PHYSICIAN'S NAME (TYPE O	OR PRINT)	THE TH	· D. T	22e ADDRESS	DIRECTOR PHYS	ICIAN	1 //	107	
	la de la de	NT-BRI	SANCE F	11 4 6 4		044.46 4	h c a . T	ν.		
22-	BURIAL, CREMATION, REMOVAL				SOHNS HO	1236 LOCATION	307/1	76		
	(SPECIFY) Cremation	4/10/			tview	Baltimo	220	COUNTY	STATE Day of	
24	FUNERAL DIRECTOR Duda-	Pugls	T704	wes		REC'D. BY REGISTRA			Maryland	
1 -	922 Wise Aven	Ruck,	ADDRESS	ME	100		Lula D	author 1		
1 /	922 Wise Aven	ue D	undalk	, MD.	21222 Art	/ TO MO.				

DHMH - 16 50M 4/83 (VRA 15, 4)

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the death certificate be executed within 24 hours ofte

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that retained by the haspital or ottending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cor should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MMPORTANT: If them 21 is marked at Item 18 shows any injury, at other traumatic event, the medicale

	STATE OF MARYLA
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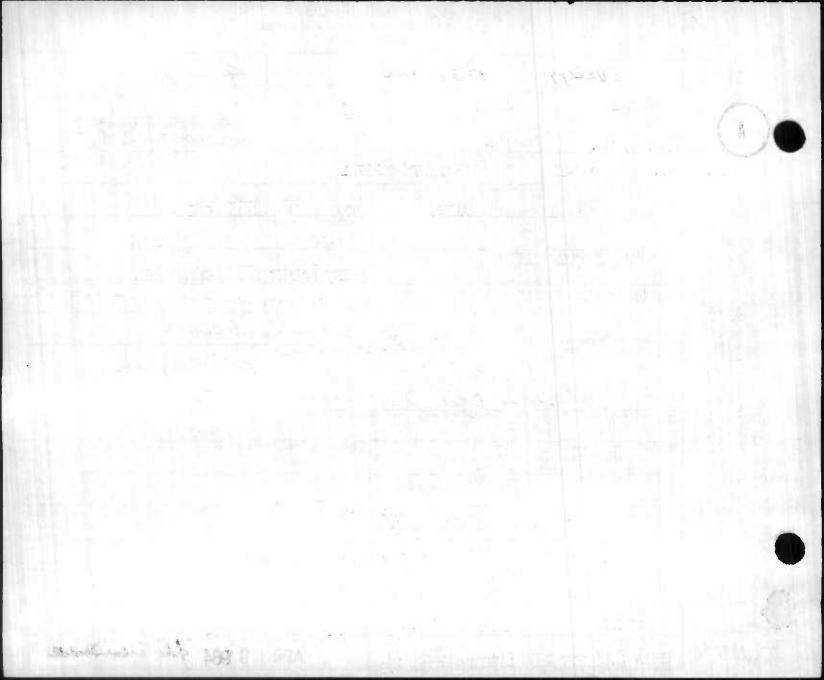
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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U	7	1	Com	
	REG NO)		

п		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST OR PRINT) EVELYM	Barn		AST	4-18-84	HOUR 1250 PM
	3. SEX	FEMALE	BLACK	S. DATE C		7RS. MONTHS DAYS H	UNDER 24 HRS.
5	BA		75. CITIZEN OF WHAT COUNTRY?	WIDOWE		1 Bulliamon	9 MD.
1	B	War Town OF DEATH	(IF NOT IN SUPROVEDENT	**HOSP		128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	DESS OR
2	13a S	D 136 COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY BALTO	ADMISSION)	13d. INSIDE CITY LIMITS?	1713 McKean Ave.	2/1
9)		MIDDLE (AS)	DITY	15. MOTHER'S MAIDEN N	MIDDLE COLEMAN ADDRESS	
	{Y	VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU	RITY NO.	ELLERY BARNE	es 1713 McKean Ave.	TE INTERVAE SET AND DEATH
	7	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF	School Continue of the Telephone Tel	SERVIS SUSPECTED RMINAL DISEASE OR CONDITION GIVEN IN PART 19	
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES YES	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE,		AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN COUNTY	STATE
		sow the deceased alive on	ital) attended the deceased from	/	nd that in (my) (our) opinion	on death occurred on the date and hour and from the car	
		france	CREMINIO 2:	nv	MA ATTENDING		31420
	22.5	Franklin	5 Addyor	n	2600.	Liberty 19915 A	
	730 B	BURIAL, CREMATION, REMOVAL	²³⁶ DATE 4/23/84 GAR	PICON	EODECT CEM	REISTEDETOWN COUNTY	STATE
		JNERAL DIRECTOR	ADDRESS	NOCIN	TOKEST OF THE	DATE REC'D. BY REGISTRARY IN REC'S CAR SUCCESSION	E
	LE	EROY O. DYETT 4	500 LIBERTY HGTS.	AVE	API	K 1 9 1984 gundanten Mon	1

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	2 2	
1. DECEASED NAME EIRS	1 MIDDLE	į	AS1	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT) Mi.ch	eal A.	Bar	rnes	APRIL 7,1984		5:08A
3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS (AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Male	White	4	7 1984	YRS.		4 38
BIRTHPLACE (STATE OR FOREIGH	76. CITIZEN OF WHAT CO	OUNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
Maryland	U.S.A.	WIDOWE		BALTIMORE CI	TY	MD
BALTIMORE	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, JOHNS HOE	GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
	COUNTY 13c. CITY	nce before admission) OR TOWN 1dalk	13d INSIDE CITY LIMITS? YES NO 🌋	13. STREET ADDRESS / ZIP CO. 2716 Dunbroc		21222
14 FATHER'S NAME FIRST DON	A. Ba	arnes,Sr	15 MOTHER'S MAIDEN NAME FIRST YVONNE	M .		ton
164 WAS DECEASED EVER IN U.	S. ARMED FORCES? 16b SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS204	2 Jasm	ine Roa
NO NO OK UNKNOWN)		one	Robert H.	Sutton Bal	to., M	D. 2122
Conditions, if any, while gove rise to immedia cause (a), stating the underlying cause for	DUE TO, OR AS A CO	Deme Tobseouence of Jable J	remativity Inhaventrical		minu	5 hours
NO 190 DATE OF OPERATION			n was performed	200 AUTOPSY? 200 IF Y	ES, WERE FINDI FIFYING CAUSES YES	NGS USED
OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MO	19		RED (ENTER NATURE OF INJURY IN ITEM II	3 PART I OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
sow the deceased all obove, (I) (we) (did) (c 22b. SIGNATUR	lay Kary	19 84 0	DEGREE ATTENDING PHYSICIAN	, to, to		that (1) (we) fast causes stated SIGNED
M. GARY	RIPRLOWICE	_ /	JOHNS HOP	WSLESSE 2	205	
230. BURIAL, CREMATION, REMO			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
Cremation	14/10/1984	1 I WAS	triew	Raltimore	M	arvland

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. IMPORTANT: If Hem 21 is morked or Item 18 shaws any injury, or ather troumatic event, tM

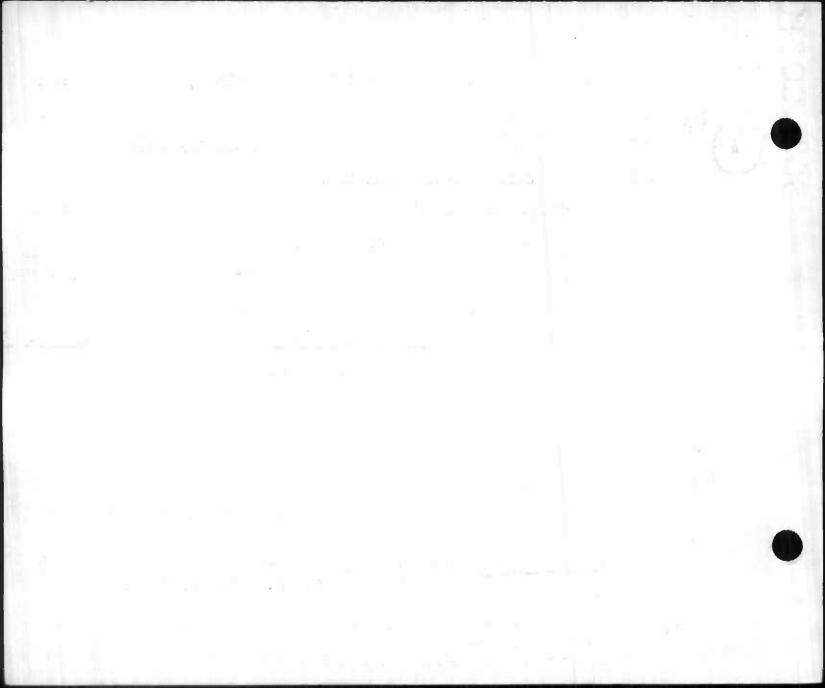
ATTENDING PHYSICIAN: The

TO HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

Tremation [4/10/1984]
FUNERAL DIRECTOR Duda-Ruck, Inc.,
7922 Wise Avenue Dundalk, 21222 MD.

250. DATE REC'D. BY REGISTRAN 256. REGISTRAN'S SIGNATURE
ABR 10 1984 Line Lavidson-Randall



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

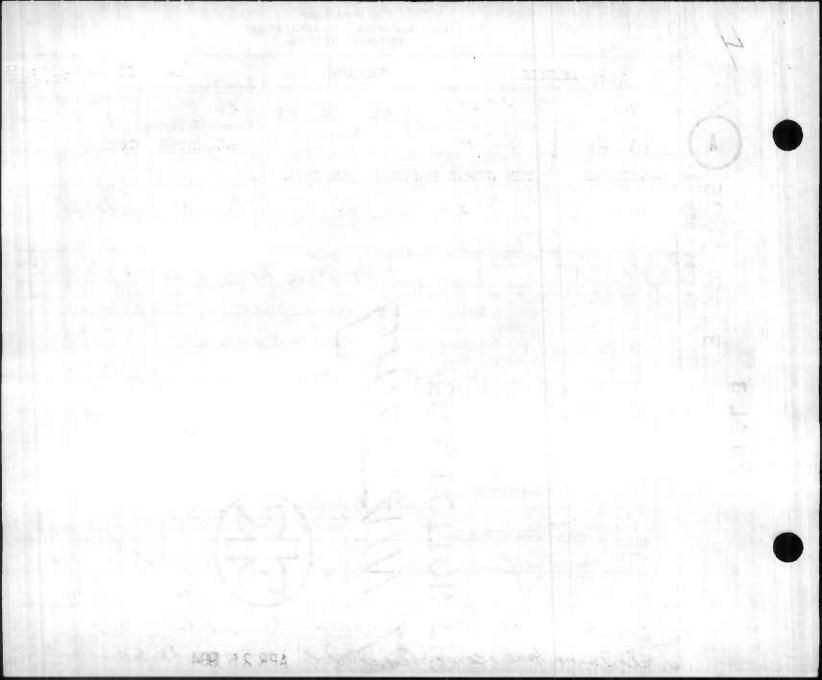
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	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	F L.	- 0	
	1. DECEASED NAME FIRST DE NN I	MIDDLE	BA	ARROW		4	23 84	12:45PI
6		NEGRO	5. DATE O		6 AGE LINYEARS LAST BIRT	HDAY) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
7	70. BIRTHPLACE (STATE OR FOREIGN 7	U.S. A.	MARRIE WIDOWE	D MEVER MARRIED D	9 BALTIMORE CITY OF BALTIMO		CITY	MD.
5		11. NAME OF HOSPITAL, NURSIN (IF NOT INSUCH FACILITY, GIVE STREET, THE JOHNS HOP	ADDRESS)	TO PILETT CO	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF			OF BUSINESS OR
DALLY	SUAL RESIDENCE (IF NURSING HOME OR C	TY 13c.CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	· U	offell	#13
300	THE FATHER'S NAME	AIDDLE LAST		15. MOTHER'S MAIDEN NAM FIRST	WIDDLE		Į.	.sī
LIVE	WAS DECEASED EVER IN U.S. ARM (YES NOOR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECU WAR OR DATES)	RITY NO.	Gertrude B	PRROW &			160 51
D 9	PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b), and) BY: E CAUSE (a) CALDIOPULM		YARREST				MATE INTERVAL I ONSET AND DEATH
	4140 Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF	COMECHANICAL.	DISSOCIATION	100	450	
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE		LRY DISEASE			Yeu	-rs
		ONDITIONS CONTRIBUTING TO D	<u>DE ATH</u> BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIV	VEN IN PART 1	la
2	90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND! FYING CAUSES ES	
1	OR COLUMNIA CALLER OF DE LE		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	/ IN ITEM 18 1	PART 1 OR PART ?)	
	GRESHINGS CAUSE OF DEAT GRESHMER, NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, E1C)	211. LOCATION STREET	CITY OR TO	/N	COUNTY	STATE
100	12st certify that (1) this hospitation the deceased olive on about (1) we) (did not	11. 2	501	nd that in (my/low) opinion d	, 10	te and hou		that (I) (wa) lost couses stated
	ITE SIGNATURE	int	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		1	3-84
	22d PHYSICIAN'S NAME (TYPE OR	17		TOHNS HOPE	cins Hosei	TAL	BALT.	110
	23a BURIAL, CREMATION, REMOVAL	23b. DATE 27/84 23c. N	Jame of C	EMETERY OR CREMATORY	23d LOCATION Ortuna		COUNTY /	STATE
	H UNERAL DIRECTOR	ADDRESS	25	250. DATE	REC'D. BY REGISTRAR	Sh REGIST	TRAR'S SIGNA	TURE

DHMH - 16 50M 4/B2 (VRA 15, 4)

WPORTANT, IF he

APR 25 1984 Minia Davidson-Hanc



TO FUNERAL DIRECTOR, After this centificate has been signed by the attending physicion and car shauld be detaithed for use as the busish-trainst permit. Then please remove carbon papers, Pages Fi with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

mure, or ather traumatic event, the medica

MPORTANT, If hem 21 is morked or then

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	CERTIFICATE OF DEATH

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- STATE REGISTRAR			CERTIF	ICATE OF DEATH	, REG. N	IO.			
1. DECEASED NAME	FIRST	MIDDLE	ı	AST	1 -	HTMOM	DAY YEAR	2b. HOUR	
WILLIAM E.	BARTLES	1		4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	412118.	1		4:12	
3. SEX MALE	4 RACE WHI	TE	5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY]	MONTHS DAYS	HOURS M	IRS UN.
GLORGIA	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE		9 BALTIMORE CITY OF	OR COUNTY	Y OF DEATH		MD.
BALTIMORE, C	ITY UNIO	N MEMORI	AL F	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Enginee:	OF WORKING LI		OF BUSINESS	OR
MARYLAND	G HOME OR OTHER INSTITUTION 3b. COUNTY	BALTIMOR		13d. INSIDE CITY LIMITS? YES NO []	13e STREET ADDRESS 412 Hawth	/ ZIP COD	d. 212	LO	
William	Emory	Bart'l'es		IS. MOTHER'S MAIDEN NA.	MIDDLE		£AS	ST.	
160 WAS DECEASED EVER IN (YES NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	215-10-9		Maud D. Bart	les 412 Ha		ne Rd. 2	21210	
R CAUSE OF DEATH PART I. DEATH WA	(Enter only ane couse pe		_			2.2		MATE INTERVAL ONSET AND DEA	TH
	MMEDIATE CAUSE (0)	Cardior	- a	nest			30	mund	9
Canditions, if any,		OR AS A CONSEQUE	NCE OF	2 (Marchin			50	owy	
gave rise to imme	gave rise to immediate cause (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF the country course co								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P							a ·	
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER			OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO NO	20b. IF YE	S, WERE FINDING CAUSES		
	USE OF DEATH HOUR A	.M. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INA	URY IN ITEM 18	PART (OR PART 2)		
OR CONTRIBUTING CA (IF EITHER NOTHY MEDICA 21d, INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	D 21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
saw the deceased	his hospital) ottended to alive an	19 0	4 , 01	nd that in (my) (aur) apinion	, to Ҷ(こ) death occurred on the o	late and how		that (1) (we) couses stated	
22b. SIGNATURE	n Strom	5 mi			MEDICAL STA		22c DATE	SIGNED	-
MARIE S	AE (TYPE OR PRINT) TROMBERG	mbers		UNION MEN	ORIAL HOS	ATLIS	Irac		
230 BURIAL, CREMATION, RI	23b. DATE 4-30-8			EMETERY OR CREMATORY Ridge Cemetery	23d LOCATION	imore	, Maryla	and STATE	
24 FUNERAL DIRECTOR NAME FUN	exil Home.	THE I		HIR PMA 30. DAT	E REC'D BY REGISTRA	25b. REGIS	TRAR'S SIGNAT	URE	

DHMH - 16 50M 4/83 (VRA 15, 4)

ensined by the hospital or attending phy

BP.

-1-M feet Bids 's other Man At-1-The facilities of the facilities

death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the retained by the haspital or attending physician.

uneral director, page 3 hin 72 hours ofter death

CT	ATE	OF	88	ADY	/1	AND	
31	AIL	UL	m	ARI	17	MINU.	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AN	DEATH	GIENE ()	9 REG. NO	1 2	5		
		EASED NAME	FIRST	MIE	DDLE	L	AST		2a. DATE OF	F DE ATH	HIMON	DAY YEAR	26 HOL	IR
	{TYPE	OR PRINT) MA	GNIS	NMN	BATES	11/					04/11	/84		5pm
	3. SEX		1	RACE		5. DATE C		YEAR	6. AGE INY	YEARS LAST BIRT		MONTHS DAYS	HOURS	24 HRS. MIN.
		MALE		Cox	Y	4	- 22	-12	7	11	YRS.	DATS	1,00%3	10(1)-4,
2		RTHPLACE I STATE OR FE	OREIGN 7	b. CITIZEN OF W	HAT COUNTRY?	8.	- II-VEVE	B WARRIED []		-	-	OF DEATH		
1		OTH CAROLI	110	U.S.	A.	WIDOWE		DIVORCED	BALTI	MORE	CITY			MD.
h		TY OR TOWN OF DEA			SPITAL, NURSIN	IG HOME C			170 USUAL				OF BUSINE	
9		LTIMORE CI		ST	FACILITY, GIVE STREET		1405	P	CITY	WORK		E) INDUSTRY		
1	13a. S	AL RESIDENCE IN NURSE TATE	13b. COUNT		3c. CITY OR TOW		The second second	CITY LIMITS?	13e.STREET				12	29
	-	9RYLAND			SA4TIMU	SAE		NO [3708	PREDN	KLIN	ST	10-6	
1	14. FA	THER'S NAME FIRST	N	NDDLE	LAST		15 MOTHE	R'S MAIDEN NA	IME	MIDDLE		U	AST	
(VJA	IMES !	BAT	25					CHELE	BURGE	-n_	2122	9	
7		AS DECEASED EVER		WAR OR DATES)	66 SOCIAL SECU	RITY NO.	MINFOR	MANT O 1	4 B	ADDRE	ss n.c.	For	V/-	ct
		NO		4	244 100	1934	1///	J. Kell	1100	1/25:	2708	FHI	XMATE INTE	_رح
		PART I. DEATH W	AS CAUSED	y one couse per li	/ 3	and	:0.		+			BETWEEN	NONSET AND	DEATH
		4100	IMMEDIATE	CAUSE 10)	410900	20,00		1 ger	ne -					
		7,00		DUE TO, OR	CONSEQUE	NCE OF	ethe	maclo	rosis					
		Conditions, if any, gove rise to imm		(b)	CE / 5 / 15	1								
		underlying couse		DUE TO, OR	AS A CONSEQUE	ENCE OF						200		
	14	PART 2 OTHER SIGN	HEIC ANIT C	(6)	I OT OMITHURIDIT	DE ATH DICT	NOT DELAT	ED TO THE TERM	AINIAI DISEAS	E OR CONE	VITION CITY	/ENLINLOADT 1		
	Z	PART 2 OTHER SIGN	IFICANT C	DINDITIONS <u>COL</u>	ALKIBOTING TO L	JEATH BUT	NOT RELAT	ED TO THE TERM	WINAT DISEAS	SE OK CONL	MINON GIV	EIN IIN FAKT I	10	
1	ATI	190 DATE OF OPERAT	ION	196 CONDIT	ON FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUTO	OPSY?	206. IF YES	S, WERE FIND	JNGS USE	D
	CERTIFICATION	()							YES D	NOL	IN CERTIF	YING CAUSE		TH?
1	GE	218. ACCIDENT WAS UND	ERLYING	216. TIME OF			21c HOW	INJURY OCCUR	RED (ENTER NA	ATURE OF INJUR	Y IN ITEM 18 F	PART I OR PART 2)		
		OR CONTRIBUTING C		HOUR A.M	, MONTH DA	AY YEAR	-							
	MEDICAL	21d. INJURY OCCURR		71e. PLACE O	FINJURY		711 LOCA	TION	14 11 11	CITY OR TOV	s/bl	COUNTY		STATE
	¥	WHILE NOT WH		(AT HOME, STREE	T, FACTORY, OFFICE, F	ARM, ETC)	1	ice i		11/				
		22a.1 certify that (1)	(this hospite	ol) ottended the		4/	11/80	19	, to	7/11		19 84	, that (I)	we)lost
		sow the decease	d alive on_	view the body o	fter death.	84 . o.	nd that in (n	ny) (our) opinion	death accurre	ed on the do	te and hou	or and from th	e couses st	pted
		276. SIGNATURE	A	-0/	0		DEGREE	AL IDIO				22c DAT	ESIGNED	
		Fil	lean	2 the	chen	A)	D	PHYSICIAN [MEDICAL DIRECTOR	STAF PHYSIC		1 /	11/8	4
		274 PHYSICIAN'S NA	1 /		00		27e. ADDE	125	0	11 .	10		,	
		W.Y.	1410	KEN, 1	r1. D.	11.00	1	si ag	nes C	cape	lal		6	
	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE	734.5	VAME/OF C	EMETERY C	R CREMATORY	736 LOC	ATION			1	,

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, ar other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pagesty with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

15.5 2 252 W. North Ang. APR 24 1984 June Day Comments

TT THE STATE OF TH The same of the sa Carlo and the second of the se Here to fresh to some to the LOSTEN LA LLABOR DORLANDO DE LA PROPERTA DE LA BORGA DE LA PROPERTA DEL PROPERTA DE LA PROPERTA DEL PROPERTA DE LA PROPERTA DEL PROPERTA DE LA PROPERTA DEL PROPERTA DEL PROPERTA DE LA PROPERTA DE LA PROPERTA DEL PROPERTA DEL PROPERTA DEL PROPERTA DEL PROPERTA DE LA PROPERTA DEL PROPERTA DE

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s that the death certificate be executed within 24 hours ofter death. Pag	
v require	
The lov	icion.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the de	he hospital or attending physic
SPITAL	retained by the h
TO HC	retoine

Thompson

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ()
CERTIFICATE OF DEATH 1 - STATE REGISTRAR

		NE 670710 III			KEG. N	.0.
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
25	{ I Y P E	OR PRINT) MARV		BATTLE	4/03	1/84 78 m
	3. SE	1	RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1	t	EMALE ?	BLACK	03 29 18	93 91	YRS
1924		RTHPLACE STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH
1		711a	4,5,11,	WIDOWED DIVORCED	DURCTI	note (1/9 MD.
H	L	atimore	1. NAME OF HOSPITAL, NURSING	ppress)/ Spi Tol	ITHE OF WORLD BE MOST	26. KIND OF BUSINESS OR
奶	nsu	AL RESIDENCE HE NURSING HOME OR OT 13b. COUNTY		LISE INSIDE CATY LIMI	TS? 130. STREET ADDRESS	m- THOUR
300	14. FA	THER'S NAME SPECIMES MILES	DDLE CECUI	15. MOTHER'S MAIDE	N/CES MIDDLE	HUCORN
medical		VAS DECEASED EVER IN U.S. ARMI LES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECUR VAR OR DATES) 2/2/60	134 MELVI	1 Battle	512 M. HOlly
or other troumotic event,		Conditions, if ony, which gove rise to immediate couse (0), stofing the underlying couse lost.	DUE TO, OR AS A CONSEQUENT (c)	ac aux fus al facti Edution	mo enc.	BETWEEN ONSET AND DEATH
njury.	NO	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing to di</u>	EATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1:0
Down only	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH C	DPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ds 81 may 9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR 19	CCURRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART 2)
- o	MEDICAL	214 INJURY OCCURRED	218. PLACE OF INJURY	211. LOCATION	CITY OR TO	DWN COUNTY STATE
rke o	2	AT WORK NOT WHILE AT WORK	IN TORK, STREET, FREIDRI, OFFICE, FAI	, , , , , , , , , , , , , , , , , , , ,	111	2. (1)
21 is mo		220.1 certify that (I) (this hospital sow the deceased alive an above, (I) (we) (did) (did not)	4/4 198	and that in (my) (our) op	oinion death occurred on the d	, that (I) (we) lost lote and hour and from the causes stated
Hem	. 1	22b. SIGNATURE	1/1	DEGREE		22c. DATE SIGNED
±		Ma	Jallen		AN DIRECTOR PHYSI	CIAN 0 4/4/84
RTA/	113	224 PHY SIGTAN'S NAME (TYPE OR P	RINT	22e. ADDRESS		
MPORTANT		Moges De	premanai			
		URIAL, CREMATION, REMOVAL	23b. DATE 23c N.	AME OF CEMETERY OR CREMAT	ORY 236 LOCATION	COUNTY
-	24 FI	DUMA (7-1-84 14	aar Hill Cer	DATE REC'D BY REGISTRAS	25b. REGISTRAR'S SIGNATURE
4/B2	D	NAME /	FH. RADDRESS	113 W. Dallo. St.	APR 5 1984	Lia Savidson-Randall "
	40	cown I wmpson	1. H. Balts.	ml. 21223	71111 9 304	The same formation and the same

Balts. Md. 21223

4 534 Cartingles Richard Hospite FOR STATE

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STATE	10	MAKT	LAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF CERTIFICATE OF DEATH

REGISTRAR				CERTIF	ICATE OF L	EAIR		REG. NO.			
1. DECEASED NAME	FIRST	1	AIDDLE	L	AST		20. DATE OF D		NIH DAY	YEAR	26 HOUR
(TYPE OR PRINT)	MARIO	N	F.	BEA	ALL		APRII	6	198	4	10:18 A
3. SEX FEMALE		4. RACE Whi	te	5. DATE C		**89	6. AGE (IN YEAR	S LAST BIRTHDA	YRS IF U	THS DATS	HOURS MIN.
To. BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER A		9 BALTIMORE	CITY OR C		DEATH	
Pennsylva		U.S.		WIDOWE	DIX DI	ORCED		1timo		ty	MD
Balti	ore 1	ST AGN	HOSPITAL, NURSIN HFACILITY, GIVE STREET A ES HOSP	ADDRESS)	OR OTHER INST	ITUTION	120 USUAL OC (TYPE OF WORK FO Homema	OR MOST OF WO		12b. KIND C INDUSTRY	OF BUSINESS OR
130 STATE Maryland	135 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Catons v	N	134 INSIDE C	NO [X]	13e STREET AD 105 Ke			2122	28
Thomas		MIDDLE	Campb	ell		MAIDENNA/ Edith		MIDDLE		Orbe	el1
(YES, NO OR UNKNOWN	VER IN U.S. AR/	MED FORCES? (WAR OR DATES)	166. SOCIAL SECU		17. INFORMA Verna	rrazie	er 105	ADDRESS Kenwo	od Ave	e. 2	1228
PART 2 OTHER S	immediate ating the ause last.	(c)ONDITIONS_CO	R AS A CONSEQUE	NCE OF	A		inal Disease C		ON GIVEN	IN PART 11	0
190 DATE OF OPE	RATION	/	TION FOR WHICH	OPERATIO	(0)	RMED	200 AUTOPS	NO №	Ob. IF YES, WINCERTIFY IN	IG CAUSES	NGS USED S OF DEATH?
21d. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 21d. INJURY OCC	CAUSE OF DEA	TH HOURA.	M) MONTH DA	Y YEAR	-	Fell d	OWM,	E OF INJURY IN	ITEM 18 PART	I OR PART 2)	
ALLIE NO	T WHILE WORK		EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET 105	Kenv	4	Balt	more	COUNTY	MD
above, (1) (w	(I) (this hospit eased alive on e) (did) (did not	al) attended the	e deceased fram_ 6184_19	1		(aur) opinian	death occurred o	on the date	and hour ar	nd from the	
226. SIGNATURE	Lem	is A.	Dalel		DEGREE	HYSICIAN E	LUMECTON [EDICALA PICA PHYSICIAN	MINER	224 DATE	SIGNED 6 Sy
22d PHYSICIAN'S Samis	A. Daba					gnes Ho	osp.	To	0)	
23a BURIAL, CREMATIC (SPECHY) Buri		23b. DATE 4/9/8			s of Fa	ith		ville		l'Timo	
24 FUNERAL DIRECTOR Hubbard Fu		Home, Ir	nc. 4107 V	212 Vilke	29 ns Ave.	25a DAT	R 9 1	384	REGISTRAL	SSIGNAT	Pendale

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT: If He

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

page 3

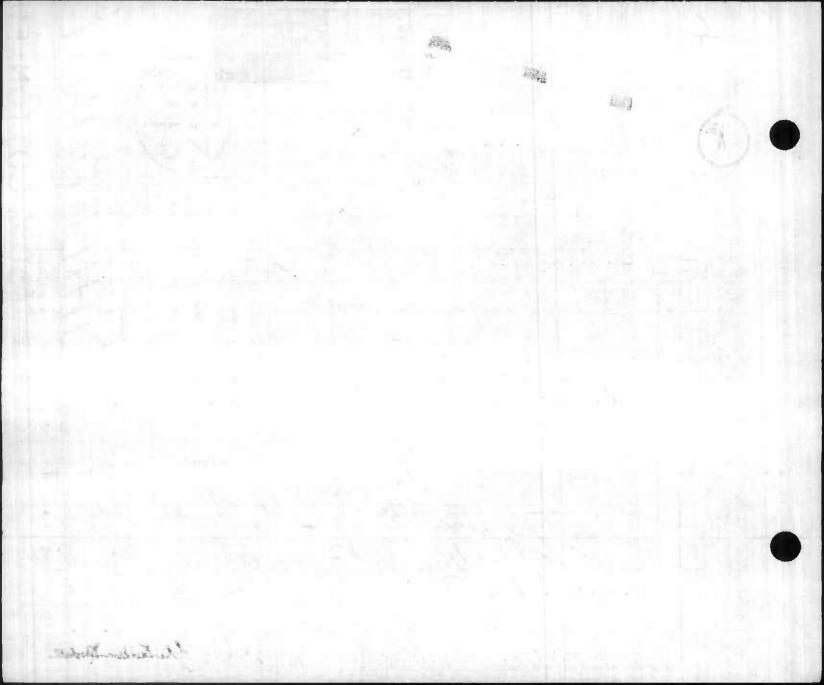
(TYP)	CEASED NAME FIRST E OR PRINT)	MARSHALL	BEAVE	RS	LAST	April 22, 1		2b но 5:.
3 SE	10000	4. RACE		5 DATE C		6. AGE JIN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR	IF UND
	lale la	White		Octo	ber 30, 1900	83	YRS.	1.00
7a B	IRTHPLACE (STATE OR FOREIGN	U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	Baltimore C		
	ITY OR TOWN OF DEATH Baltimore	3803 C	HOSPITAL, NURSIN CHEACHITY, GIVE STREET ONGULT AV	ADDRESSI CENUE	OR OTHER INSTITUTION	120 USUAL OCCUPATION Prof of work for most of wor	12b. KIND O	
13aV	aryland V	E OR OTHER INSTITUTION	136 CITY OR TOW Baltimor	N	134 INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 3803 Conduit	Avenue 21	1211
	Samuel Beavers	MIDDLE	LAST		15. MOTHER'S MAIDEN NA Cora Kel	ME	LA	
16a \		ARMED FORCES?			17 INFORMANT	ADDRESS	Ellic	cott
. IN	10	-	216 05 7	338	Joan E. He	eadley, 10229		
	18 CAUSE OF DEATH (Enter	r anly ane cause pe	er line for (a), (b), on	d (C)	in 1		BETWEEN	ONSET AP
		DIATE CAUSE (a)_	andre	el	west		11	111
	14480							
		DUE TO, C	OR AS A CONSEQUE	INCE OF	1			
	Canditions, if any, which		Grasia Conseque	/	Heart Fan	leve	6	mi
	gove rise to immediate	(b)_	Congest	twe	Heart Fas	leve	6	me
		(b)_		twe	Heart Fas	leve	; 6	me
	gove rise to immediate cause (a), stating the underlying cause lost	(b)_ DUE TO, (OR AS A CONSEQUE	ENCE OF) 6	me
Z	gove rise to immediate cause (a), stating the underlying cause lost	(b)_ DUE TO, (OR AS A CONSEQUE	ENCE OF		PILLE SEASE OR CONDITION	DN GIVEN IN PART 1	Mil
TION	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAT CCUL	DUE TO, C	Congest or as a conseque contributing to a	ENCE OF	NOT RELATED TO THE TERM	Minal disease or condition	i'ned	
ICATION	gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, C	Congest OR AS A CONSEQUE CONTRIBUTING TO D	ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIC	I LES, WERE FIND	INGS US
RIFICATION	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAT CCUL	DUE TO, C	Congest or as a conseque contributing to a	ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIC	i'ned	INGS US
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	gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAT PART 2 OTHER SIGNIFICAT 19a DATE OF OPERATION 71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO CO. TO SONDITIONS CO. 19b CONE 19b CONE 19b CONE 19b CONE 19b CONE 19b CONE	CONTRIBUTING TO DE LES CONTRIBUTION FOR WHICH	DEATH BUT OPERATIO	NOT RELATED TO THE TERM Y' WAY N WAS PERFORMED 216 HOW INJURY OCCUR	AINAL DISEASE OR CONDITION AU POPUN 200 AUTOPSY? YES DISENSE	IF YES, WERE FINDS CERTIFYING CAUSE YES	INGS US
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STATE OF MARYLAND

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached far use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene priar to burial, and



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled will with the State Dept. of Health and Mental Hyriene error to buriol, cremation, ar removal.

MAPORTANT: If them 21 is marked at Item, 8 since carry injury, or other traumatic event, the medical experiment was the content of the content of the medical experiments.

IMPORTANT: If them 21 is marked or them 18 s

FOR
- STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

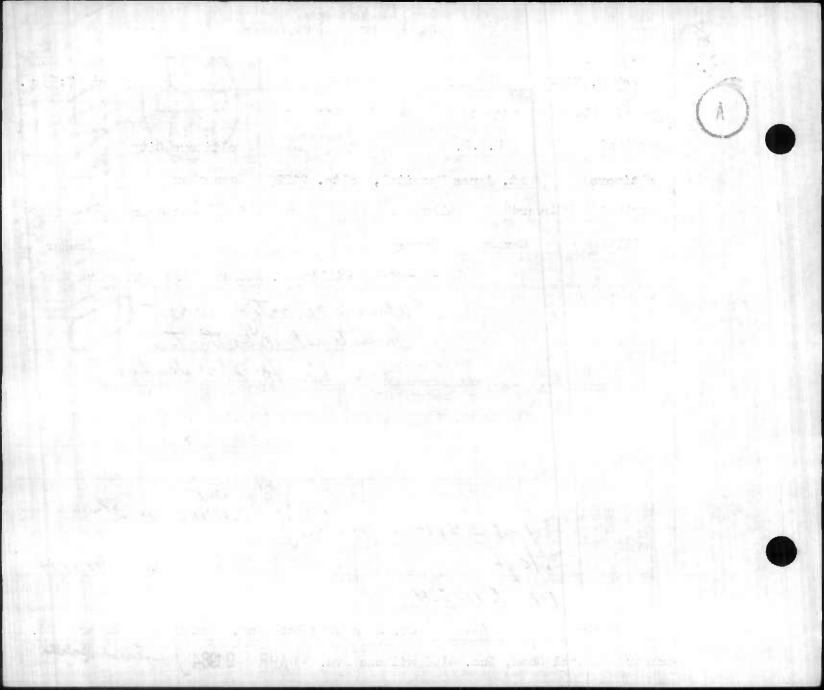
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I DI								REG. NO					
4 (17)	ECEASED NAME FIRST	M	IDDLE	LA			20 DATE OF	FDEATH	MONTH	DAY	YEAR	2b. HO	UR
	IDA		MAY	BE	ECKER		1 1		4	5	84	7:5	5 p.
3 SI	X	4 RACE		5. DATE OF			6. AGE IN	EARS LAST BIRT	HDAY)	MONTE	DER I YEAR	_	R 24 HRS
	Female	Whit	e	5 MONTH	23	O1		82	YRS	0		HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	VHAT COUNTRY?	B.	☐ NEVER A	AAPPIED T	9 BALTIMO	RE CITY OF	COUNT	TY OF I	DEATH	115	
-	aryland	U.S.		WIDOWED	DI DI	VORCED	Balt	imore	Cit	У			M
J.E	altimore	St. Agn	OSPITAL, NURSING FACILITY, GIVE STREET A LOS HOSPI	tal,	Balto.		TYPE OF WOR	occupation of the maker			26 KIND (NDUSTRY	OF BUSIN	VESS OR
13a M	JAL RESIDENCE (IF NURSING HER STATE aryland Town	17V.	GIVE RESIDENCE BEFORE 136 CITY OR TOWN Elkrids	ge	13d. INSIDE C	NO X		ADDRESS Mont	gome	ry F	Road	2	L227
14 F	William	Carson	Harve			S MAIDEN NA	ME	WIDDLE			Εί	ihle:	c
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR		17 INFORMA			ADDRE:		212	227		
	NO		705-05-4	+907	Willi	am L.	Becker	6809	9 Mor	ntgo	omery	Roa	ad
	gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE Ø	. 1	1 1	1	1 +	on - +	4		-	
CATION		(c) CONDITIONS <u>CO</u> I		EATH BUT N			AINAL DISEAS		20b. IF Y	ES, WE	RE FINDI	VGS USI	ED (TH?
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DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

retained by the hospital or attending physician.



STATE OF MARYLAND

DYETT 4600 BERTY HGTS, AVE.

EPARTMENT OF HEALTH AND MENTAL HYGIE	NE U
CERTIFICATE OF DEATH	

REGISTRAR							REG. N	O.			
1. DECEASED NAM	AE FIRST	^	AIDDLE	Q"	AS1 //		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR 010	,
KEV.	John		<u> </u>	De	211	SR.		7 6	07		PM
3 SEX	1	. RACE		S. DATE C			6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR		MIN.
MALE	N 1	BLAC	K	O I	DAY	O.S	79			1	
70 BIRTHPLACE	STATE OR FOREIGN 7		WHAT COUNTRY	7 8			BALTIMORE CITY	1100.	F DEATH	-	
(COUNTRY)					NEVER		BALTI	100 0 10 C		/	,
HEA STUIL	15, N.C.	LISA	OSPITAL, NURSI	WIDOWE		VORCED [12g USUAL OCCUPAT		CITY	OF BUSINESS	MD.
			H FACILITY, GIVE STREE		e dia l	Conten	TYPE OMINIST		INDUSTRY		3 OK
USUAL RESIDENCE	E (IF NURSING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	e wear	univ			L		_
13a. STATE	13b. COUNT		13c. CITY OR TO		13d INSIDE C		13e.STREET ADDRESS	- 11	an A	~	
MARYLA			BALTIN	CRE	YES X	NO []	1000	Calhoun	34	2121	7
14. FATHER'S NAM		IDDLE	LAST		15 MOTHER	S MAIDEN NAM	MIDDLE MIDDLE		- 1/	ST	
De Wit	4		BELL		MA	1771E			PERI	KINS	
160 WAS DECEAS	ED EVER IN U.S. ARM		166 SOCIAL SEC	URITY NO.	17 INFORMA		ADDR	ESS			
(YES, NO OR UNKI	NOWN) (IF YES, GIVE	WAR OR DATES)	238-09-	4546	De K	LOESZ	UNID OF	MD Hes	P. EHS		
LIL CALISE	OF DEATH (Enter only	ODB CDUVA DAY				4	O P O V		APPRO	XIMATE INTERVA	AL
PART I.	DEATH WAS CAUSED	BY:	7		MARCON	- (ASING APRIEA	EPISER		ONSET AND DE	EAIR
11	IMMEDIATE	CAUSE (D)	KESPIRI	9-10124	HRAEST	- (HYCREI	TO ME ITTREE H	6/212046	-		
160	24		R AS A CONSEQU								
	, if ony, which	(1b) F	DENCC ALC	INEMA	of Lun	4 = m	ETAST ASIS		-		
	to immediate), stating the	DUE TO OF	R AS A CONSEQU	JENCE OF							
underlying	couse lost.	((c)							1		
PART 2 OT	HER SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	IDITION GIVEN	N IN PART 1	10	
Z											
THE THE PARTY OF T	FOPERATION	19b CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	206. IF YES, 1	WERE FIND	NGS USED	
5							1222			S OF DEATH	?
E		216. TIME O	E INTILIES		Tal. How IN	LUDYOCCURR	YES NO	YES		NO 🗌	
OR CONTRIBUT	IT WAS UNDERLYING CAUSE OF DEAT	LICITO A		DAY YEAR	ZIE. NOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IS PAR	I I OR PART 2)		
S (IF EITHER, N	IOTIFY MEDICAL EXAMINER)	P./	W.	19							
(IF EITHER, N	OCCURRED	21e. PLACE	OF INJURY		211 LOCATIO		CITY OR TO	OWN	COUNTY	STA	ATE
WHILE D	NOT WHILE	(AT HUME, STR	EET, PACTORY, OFFICE	FARM EIC J	31110						
	that (1) this hospita	attended the	e deceased from	MAKE	CH 17	10 84	to April	6 19	89	that (I) Twee	el Cast
sow th	e deceased plive on_	HORIL C	19_			(our) opinion d	eath occurred on the d	ote and hour o	and from the		
22b. SIGNA	(1) We CIO CIO	view the body	ofter death.		DEGREE					E SIGNED	
120. SIGNA	IURE ALA				-	ATTENDING	MEDICAL STA	FF	THE UNIT	16.1	
We	ndy Kle	zer-			MO	PHYSICIAN [DIRECTOR PHYSIC	CIAN	17/7	109.	
22d, PHYSIC	IAN'S NAME (TYPE OR	PRINT			22e. ADDRES	SS					
Wei	1d4 Klos	252 V	Gn		Unio	I mal H	SD-FHC 2	2 5.6 re	ere st,	Balt	mos
230 BURIAL, CREA	MA (ION, REMOVAL	236. DATE	230	NAME OF C	EMETERY OR		23d LOCATION				-
BURIAL			84 1	Λ ₊ Λ	UBURN	CEM.	R CITY OR TOWN		COUNTY	STA	TE
24 FUNERAL DIRE	CTOP	17/11/	04	II. A	ODUKIN	250 DATE	DECID BY DECIDENT	LIST BOSTR	AP'S SIGNIA	TUDE	
1 NAME) D		ADDRESS	Hora	۸	A 500 Mb	4 0 4004	C. K.	A. A	4 44	
LEROY (J. DYETT	4600	BERTY	HGTS	. AVE	AFR	1 U 1304 9	WALL MARKE	1. 1. July 1-	107	

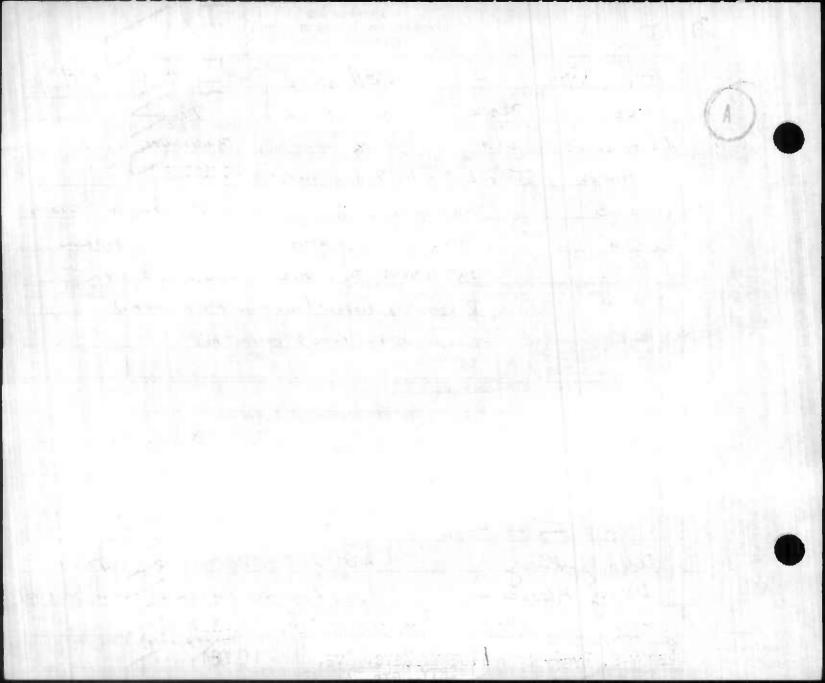
DHMH - 16 50M 4/83 (VRA 15, 4)

ID FUNDERAL DIRECTOR: After this certificate has been signed by the attending the unit of the please remove cartisment the state Dept. of Health and Mental Hygiene prior to burial, crematian, at the

IC HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the standard by the hospital or attending physician.

any injury, or other froumatics

MPDRTANT: If Hem 21 is morked by them



TO FUNERAL DIRECTOR

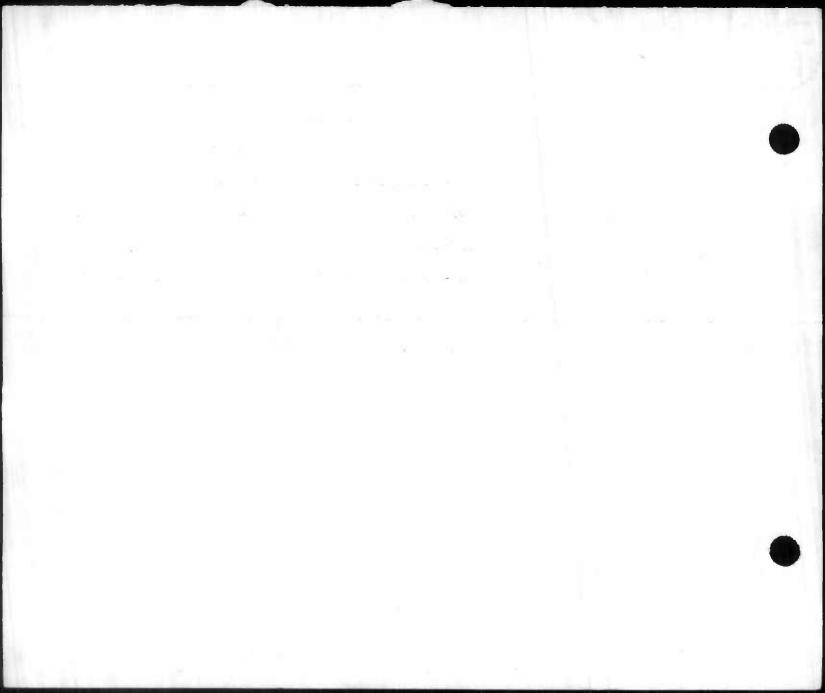
DHMH - 16 50M 4/83

(VRA 15, 4)

executed within 24 hours

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT) Carmelo	>	Belli	stri	April 21, 1984	1	5:55P _M
3. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Male	White	May	10, 1892 YEAR	91 YRS.	DATS	MIN.
To. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	INTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
Italy	U.S.A.	WIDOWE		Baltimore Cit	ty	MD
Baltimore	11. NAME OF HOSPITAL, P (IF NOT IN SUCH FACILITY, GIV GOOD Samarite	VE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Retired Tailor	IFE) INDUSTRY	OF BUSINESS OR
USUAL RESIDENCE (IF MURSING HOME 130. STATE 13b. CO Maryland	UNTY 13c CITY O		13d INSIDE CITY LIMITS? YES MO [13. SIREET ADDRESS / ZIP COD 4303 Arabia Ave	€ 212	214
4. FATHER'S NAME FIRST Joseph	MIDDLE Bellis	tri	15 MOTHER'S MAIDEN NAM		Amenta 1AS	,T
60. WAS DECEASED EVER IN U.S.		AL SECURITY NO.	17 INFORMANT	ADDRESS		-
(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) 212-	01-8368	Mrs Helen M	Dunn Sar	ne As 13	3e
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	teno -	centic of	andro-Voscul duess	4	
19a DATE OF OPERATION	196 CONDITION FOR		N WAS PERFORMED	YES NO Y	S, WERE FINDIN IFYING CAUSES ES []	NGS USED
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED		TH DAY YEAR	211 LOCATION	ED (ENTER NATURE OF INJURY IN ITEM 18		
WHILE NOT WHILE D	(AT HOME STREET FACTORY	OFFICE FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
22a I certify that (I) (this ho saw the deceased alive	spital) attended the deceased on not view the bedy affer death	_19	DEGREE ATTENDING PHYSICIAN	death accurred on the date and ha		that (I) (we) last causes stated
22d. P. CIAN'S NAME (119)	H Goods	23c. NAME OF C	22e ADDRESS 5807 4	terlas Rd		
(SPEBurial	4/25/84	Holy 1	Redeemer	Baltimore,	Maralan	STATE
24 FUNERAL DIRECTOR NAME Leonard J Ruck	Inc. Baltimor	e, Maryla	and 250 DAI	E RECAD BY REGISTRAR 256' REGIS	TRAR'S SIGNAL	URE 110, 120



TO FUNERAL DRECTOR, After this certificate has been signed by the offending physician should be detailed for use as the burral-rount permit. Then please remove conton papers: P with the State Dept. of Health and Mental Hygerse prior to burral, cremation, or removal.

10 HOSPITAL OF ATTENDING OF CRESINGS

DHMH - T6 50M 4/83 (VRA 15, 4)

@POSTANT, If hem 21 is marked outle

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO	

L	4	REGISTRAR						REG.		1.7.7			
		CEASED NAME FIRST		MIDDLE	0	AST	1000	20. DATE OF DEATH	MONTH	DAY		2h HOL	-
L	TTPE	Milt	on	R.	136	2//US	776		4 3	3 8	4	4.46	A.N
1	SEX	(4. RACE		S. DATE C			6. AGE IN YEARS LAST	BIRTHDAY)	MONTHS.		IF UNDER	R 24 HRS
Н		MALE	W	HITE	MONTH 9	2.5	VE AR	81	YRS.	MUNINS	DATS	HOURS	MIN.
17		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUN	JTRY? 8			9 BALTIMORE CITY		Y OF DE	ATH		
1	C	RUSS IA	us	n	MARRIE	DI NEVER	VORCED	Cit	7				MD
1	o. CI	TY OR TOWN OF DEATH			URSING HOME	R OTHER INS	NOITUTION	12a USUAL OCCUPA	NOIT	12b.	KIND OF	BUSIN	
K		H.City	-	nracility, GIVE	STREET ADDRESS)	P.		ACCOUNT	ANT		COUN	TIN	IG
		AL RESIDENCE IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION					APT.	1D	#21	215
		STATE 136 COUR	XXXXXXX	13c. CITY OR Ball	TIMORE	YES XX	TIP LIMITS?	13e.STREET ADDRESS	M. A	suso 6	Pay	k D	ring
Tit	_	THER'S NAME		1 100			MAIDEN NAM		17.70				
1		REUBEN	MIDDIE	BELLU	Š		REBEC	CA		UN	IKNÔN	VN	
16	la V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMA		RS. LILLADA	NSF.	BELLU	JS A	APT.	ID
L	(1	(IF YES, GI	E WAR OR DATES)	213-0	1-8609	693	MILBRO	OOK PARK D	R. BA	ALTO.	,MD	212	215
F	ī	18. CAUSE OF DEATH (Enter or	nly one cause per	line for (a), (b), and (c).)					8	APPROXIM.	ATE INTE	RVAI D DEATH
П		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (m)	CIA	adjus	arrest	lices.				7.1	iv.	
ı		0000		PAS A CONS	SECUENCE OF		1 4		0.00		, , ,	1	
Г		Canditions, if any, which (h) Percentage of Canditions, if any, which									10	40	S
ı		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
ı	٠	underlying cause lost	(0)		90V 2	10.1	untro	To 20 to 15	len,	10	10	10	N
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN F	ART Ira		
	o o	Unchast	e ano	iner P	Reviou	u m							
1	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR W	HICH OPERATIO		RMED	200 AUTOPSY?	20b. IF Y	ES, WERE	FINDING AUSES C	GS USE	D
	1	A CONTRACTOR						YES NO		(ES []	AU3E3 C	NO [
B	CER	210. ACCIDENT WAS UNDERLYING			H DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PARI 1 OR	PARI 2)		
L	¥	OR CONTRIBUTING CAUSE OF DE	NIN .	M. MOITE	19	1000							
l	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATE	NC	CITY OR	IOWN	col	ynty	7.17	STATE
F	3	NOT WHILE AT WORK	AT HOME, ST	REET, FACTORY, C	OFFICE, FARM, ETC.	SINCE							
ı		220.1 certify that (1) (this hasp	ital) attended th	e deceased f	ram 4/2		19 89		3	. 19_	9 . 11	hat (l) ((we) last
П		saw the deceased alive an abave (I) (we) (did) (did no		atter death	19_84,01	nd that in (my)	(aur) apinian d	death occurred an the	date and ho	our and fi	am the co	ouses st	lated
L		226. SIGNATURE	it) view merbady	atter death.		DEGREE				22	DATES	IGNED	
ı	7	8. 7 mm	em				ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN D		4/31	84	
1	0	220 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRES			7		11	<u>U</u> ,/	
		Edward	ZIM	n		5	nai	Hosn			/		
2:	3a B	BURIAL, CREMATION, REMOVAL			23c NAME OF C			236. LOCATION CITY OR TOWN		7.71			
	{	SPECIFY BURIAL	APR.5	,1984	BETH EL			RANDALI		BAI	ĽTO.	:	MD
2	4 FL	JNERAL DIRECTOR COL I						E REC'D. BY REGISTRA			IGNATU	JRE	
		NAME SUL I	EVINSON	G DA	OS., INC.	215	APR	6 1984	grana D		75.7		2
	-	OLO DETOMEDOMOR	TAT DED	DATTO	140 27	7	1	- 1001	41		_		

n signed by the ottending physicion and completely filled in by the Then please remove carbonpopers. Pages Land 2 should be filled wir

ment Then please remove carbon popers. Pages print to burial, cremation, or removal. njury, or other troumotic event, th FOR

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9/33

RE	GISTRAR			CERTIF	ICATE OF DEATH	REG. NO	O.				
1. DECEA	SED NAME FIRST		WIDDLE	ŧ.	AST .		MONTH	DAY	YEAR	26 HOL	JR
	Patricia	R	В	elt		April 9, 1	984				м
3. SEX		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		MONTHS	DAYS	IF UNDER	R 24 HRS
F	remale	White		OCT	tober 23,1946	37	YRS	MONTHS	DATS	HOURS	MIN.
7a. BIRTH	PLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D S NEVER MARRIED	9 BALTIMORE CITY O		OF DE	ATH		
I.	Maryland	U.S.A	1.	WIDOWE	_	Baltimore	e City	1			MD.
	ORTOWN OF DEATH		HOSPITAL, NURSIN CHFACILITY, GIVE STREET Limit AVE		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewij	E WORKING H		KIND O USTRY	F BUSIN	ESS OR
13a STAT	ESIDENCE (IF NURSING HOME) TE 13b COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 1255 Limit	ZIP COD	2	1239)	
14. FATHE	R'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE			LAS		
	George		Collman		Mildred	Middle	Cl	hapm	*****		
	DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS				
(VO	SIVE WAR OR DATES)	214-46-7	7929	Edward C Be	elt Sa	me As	s 13	e		
ge co ur PA	onditions, if any, which ove rise to immediate ause 101, stating the inderlying couse last. ART 2 OTHER SIGNIFICANT	(b) DUE TO, O	r as a conseque r as a conseque dntributing to e	ENCE OF	NOT RELATED TO THE TERM	inal disease or con	DITION GIV	VEN IN P	ART Ito	1	
CERTIFICATION 130	DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE IN CERTI				TH?
WEDICAL	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF D IF EITHER, NOTHY MEDICAL EXAMIN LINJURY OCCURRED WORK NOTWHILE WORK AT WORK	HOUR A. (ER) P. 21e. PLACE	M. MONTH DA M.	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUI		COL			STAIE
	sow the deceased allowed (1) (this has sow the deceased allowed (1) the control of the control o	-	7 7 1		nd that in (my) (gur) opinion of	death occurred on the do		ir and fi	om the	SIGNED	
224	I. PHYSICIAN'S NAME (TYPE	OR PRINT)	XIII	-	22e ADDRESS	J DIMECTOR [] FITTSIC			+		
	Charles Pade	ett, M.I	. 0		5601 Loch F	RavenBlvd.					
	AL, CREMATION, REMOVA	L 236 DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNT			STATE
(SPEC	Burial	4/13/	184 Ga	arris	on Forest Vet		1775		7+	Ma	

BP. DHMH - 16 50M 4/83

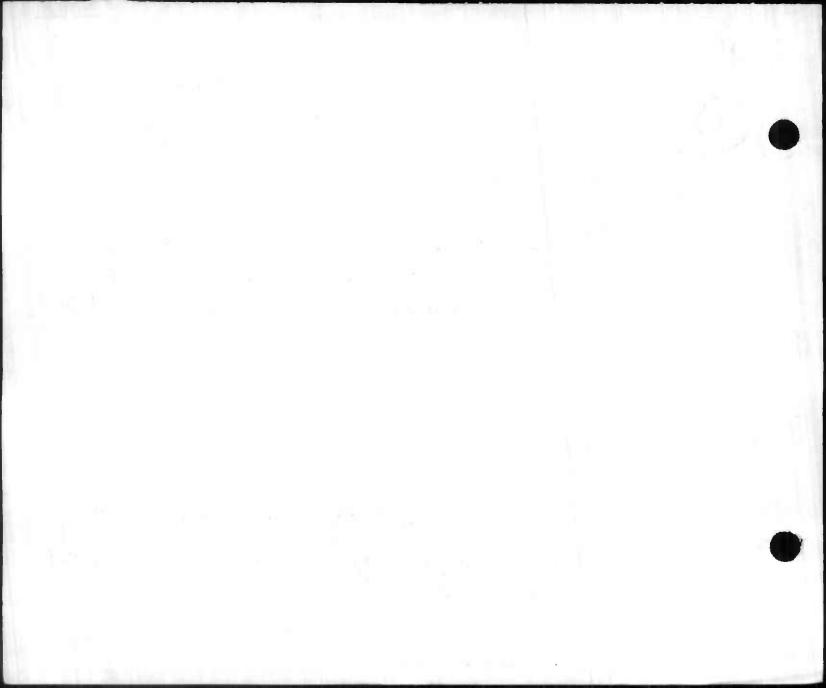
O FUNERAL DIRECTOR

M FUNERAL DIRECTOR

NAME
Leonard J. Ruck,, Inc. (VRA 1S, 4)

Baltimore, Md.

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE APR 10 1984 Suha Davidson-Randale



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leath certificate be executed within 24 haurs after death	
death	
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law requires that the de	
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The	CION.
NA.	physi
3 PHYSICIAL	ittending pl
(2)	#

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely illied in by the internal should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR - STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYG	REG. NO			
	CEASED NAME FIRST		TA MIT AT	i	ASI	20. DATE OF DEATH		Y YEAR	26 HOUR
3. SE	EMMA JAN	L BEN	JAMIN	I DATE C	OF DIDTH	4-3-1984		UNDER I YEAR	9:38
			40	5 DATE C		6. AGE (INTEARSTAST BIR		NTHS DAYS	HOURS /
1	emale	Whi	WHAT COUNTRY?	1	27 91	93	YRS.	- DE 4744	
ra. Bi	IRTHPLACE (STATE OR FOREIGN		WHAI COUNIKT?		D NEVER MARRIED	Baltimore City o		PEATH	
10 C	Md.	USA 11 NAME OF F	OSPITAL NURSIN	WIDOWE	DR OTHER INSTITUTION	12a USUAL OCCUPATI		12b. KIND OI	F BUSINES:
	altimore	Belai	I CACHEN CONFEREN	lesai	rium	(TYPE OF WORK FOR MOST O		Cafet	
USU/ 13e S	AL RESIDENCE (IF NURSING HISTATE Md.		GIVE RESIDENCE BEFORE 134. CITY OR TOW Balto.		13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / Belair Cor		210	14
	ATHER'S NAME	MIDDLE	LAST		IS. MOTHER'S MAIDEN NA			(ASI	
	Wm.Crue.		16b. SOCIAL SECU		Elizabeth	Gunther.	SSWestm		
	4280	only one couse per LED BY: ATE CAUSE (0) DUE TO, Of			Clinton E.Be RESPIRATO CONGESTI	ory AL	PREST	APPROXI BETWEEN C	MATE INTERVI INSET AND C
TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OI DUE TO, OI DUE TO, OI CONDITIONS CO	Inches of the control	EMCEOF DEATH BUT	RESPIRATO CONGESTO NOT RELATED TO THE TERM ST	ORY AR	CLEST FIRST	N PART TIO	MATE INTERVINASET AND D
TIFICATION	PART I. DEATH WAS CAUS HARDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OI DUE TO, OI DUE TO, OI CONDITIONS CO	Inches of the control	EMCEOF DEATH BUT	RESPIRATO CONGESTI	ORY AR	CREST	V IN PART TO	MATE INTERV.
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OI CONDITIONS CO 19b CONDI 21b. TIME O HOUR A.	TION FOR WHICH	EMCEOF DEATH BUT	RESPIRATO CONGESTO NOT RELATED TO THE TERM ST	INAL DISEASE OR CON	CREST PICO DITION GIVEN 206. IF YES, VIN CERTIFYIII YES	WERE FIND IN NG CAUSES	GS USED OF DEATH
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, "The

retained by the hospital or attending physician.

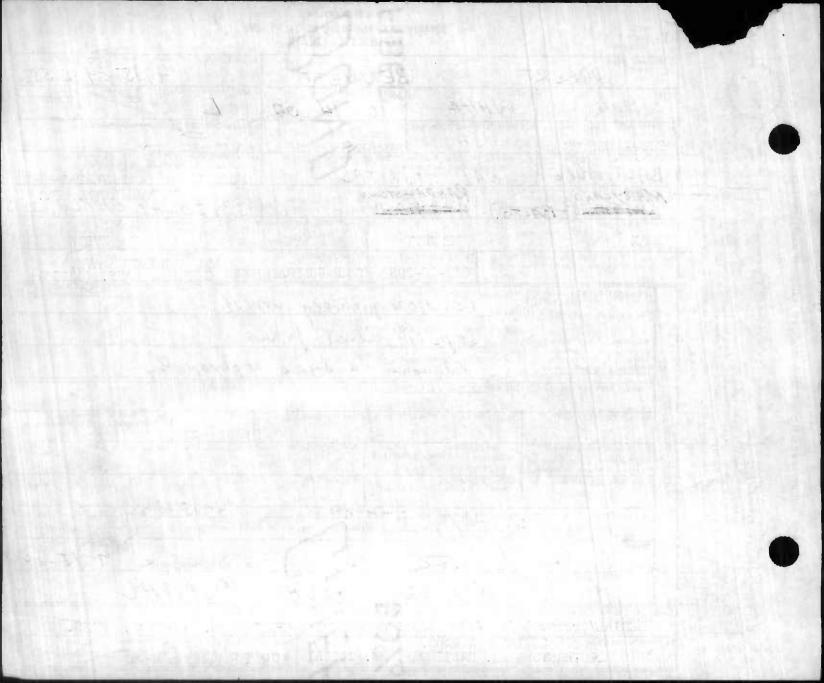
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. N	10.		
20 DATE OF DEATH	MONTH	DAY	2b. HOL

A	1-	STATE REGISTRAR		DEFARIA		ICATE OF DEATH	LIFICILIVI	REG. I	١٥.		
	1. DEC	EASED NAME FIRST	M	IDOLE	1	AST	20	DATE OF DEATH		DAY YEAR	2b. HOUR
	(TYPE	ORPRINT) ROBER	T		BEL	INETT			4	15 84	12:55 pm
	3. SEX	Male	4. RACE WHI	TE	S. DATE C		2 6.4	GE (IN YEARS LAST E	RTHDAY) YRS.	IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
0		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9. B	ALTIMORE CITY		TY OF DEATH	
		SSACHUSETTS	NJ	A	1	DIVORCED		BALTIMORE	CITY	,	MD
	10 CT	SALTIMORE		OSPITAL, NURSIN		OR OTHER INSTITUTION	N 174	MUSICIAN	OF WORKING	(PE) INDUSTRY	TATNMENT
5	13g	MASSIDENCE ILL NURSING HOME OR	OTHER INSTITUTION,	KANPA	-57800	13d. INSIDE CITY LIMIT YES [X] NO [STREET ADDRESS			, MD
乳		THER'S NAME MAX	MIDDLE	BENNETT	r	15. MOTHER'S MAIDE ETHEL		WIDDLE		RUB	IN
2	160 W	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU 032-05-2		17 INFORMANT TORF FUNER	AL HO	151 W	ASHIN SEA.	GTON AVI	E, 02150)
	NOI	Conditions, if ony, which gove rise to immediate cause (o), storing the underlying cause lost. PART 2. OTHER SIGNIFICANT ((b)	Prenmo	NCE OF	Renal for Analogy is	c he	phropolidisease dr co		SIVEN IN PART 11	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED		YES NOX	IN CER	ES, WERE FINDI TIFYING CAUSES YES []	
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE-	HOUR A.A	A. MONTH DA	YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF IN	OURY IN ITEM II	8 PART I OR PART 2)	
	MED	WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET, FACTORY, OFFICE, F	ARM, ETC 1	211 LOCATION STREET		CITY OR	- S.C.	COUNTY	STATE
		22a I certify that (I) (this hasp sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	4-15	7 19		nd that in (my) (our) op	oinion deat	to	date and h	our and from the	that (I) (we) fost couses stoted
-		1 la	W	ista		HD ATTENDI		RECTOR PHYS	AFF ICIAN (SK	4-	15-84
		224 PHYSICIAN'S NAME (TYPE OF	. ' /	115751	7_	SINA	1	HOJP	MA	1	
		URIAL, CREMATION, REMOVAL SPECIAL removal				EMETERY OR CREMAT		R CEM. I	ANVEF	RS, MAS	S. STATE
	24 FU	NERALDIRECTOR SOL LI	EVINSON DWN RD.	& BROS. BALTIMORI	E, MD			C'D. BY REGISTRA	R 25b. REGI	STRAR'S SIGNA	TURE

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DHMH - 16 50M 4/83 (VRA 15, 4)



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3 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be trending physician.	or this certificate has been signed by the attending physician and completely filled in by the funeral director. Page 3 the burial-transit permit. Then please remove corbon papers. Pages I and 2 should be filed within 72 hours after death
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STATE OF MARYLAND Add. Info. per B.C. DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 5/9/84 kam CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 20. DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) BENTLEY BB 84 IF UNDER TYEAR 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH YEAR 64 To. BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY) BALTIMORE USA USA WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12s. USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE SINAI YATI 920 H WOULD RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? NO Baltimore 629 East North Marvlar 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST MIDDLE MIDDLE FIRST Bentley Melvin GWVnn ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 20 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) PART I. DEATH WAS CAUSED BY PREMATURIT DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART It a CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES | NO I 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL CIE FITHER NOTHY MEDICAL EXAMINER 19 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 10 84 saw the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. DEGREE 22c DATE SIGNED STAFF ATTENDING MEDICAL MO PHYSICIAN [DIRECTOR PHYSICIAN 22e ADDRESS SINAI 231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

DIRECTOR hospital

TO FUNERAL DIRECT should be detached for with the State Dept to

ATTENDING

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24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR

1 an Little I for the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the fushould be detached for use as the buriof-tronsit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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MPORTANT:

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH					
LAST	20. D				

1.	FOR STATE		DEPART		HEALTH AND MENTAL I	HYGIENE	A					
100	REGISTRAR			CEKIII	ICATE OF DEATH		REG. N	0.				
	CEASED NAME FIRST		MIDDLE		LAST	20. DA	TE OF DEATH	MONTH	DAY	YEAR	2b HOUR	
,,	BAR	RBARA		BEA	ITLEY			4	17	84	7º AM	
3. SE		4 RACE		5. DATE		6. AGE	(IN YEARS LAST BIR	THDAY}		R 1 YEAR	IF UNDER 24 HRS	
	Female	Bl	ack	MONT	DAY YEAR 23		61	YRS.	MONTHS	DAYS	HOURS MIN.	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	~	- PBALT	TIMORE CITY		Y OF DE	ATH		
M	iaryland	U.S	. A		MARRIED NEVER MARRIED					ore City M		
В	ACTIMORE	SINAL	HOSPIT	AL ADDRESS)	OR OTHER INSTITUTION	(TYPE O	WALOCCUPATION WORK FOR MOST CONTROL AT	F WORKING	LIFE) IND	USTRY_	ec. Admi	
130.	AL RESIDENCE (IF NURSING HOME STATE 136 CO		BACT IM	VN	136 INSIDE CITY LIMITS	? 130. STI	REET ADDRESS	INGT	W R	OAD	21215	
14. F/	ATHER'S NAME FIRST Joseph	MIDDLE	Fletche	r	15. MOTHER'S MAIDEN FIRST Meta	NAME	WIDDLE		J	enki		
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDR	SS331			gton Rd.	
- (YES, NO OR UNKNOWN) (IF YES, (SIVE WAR OR DATES)	220-01-	7155	Bedford T.	Bentle		imor			21215	
TION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICAN COPD	R AS A CONSEQU	-1 1 1 1			TERMINAL DISEASE OR CONDITION GIVEN IN PART 110				days		
CERTIFICATION	MALE OF OPERATION	196. COND	II ION FOR WHICH	OPERATIO	IN WAS PERFORMED	YES	AUTOPSY?	IN CERT	IFYING (AUSES	OF DEATH?	
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	220.1 certify that (I) (this has sow the deceased alive a aboye, (I) (we) (did) (did	on	19		, 19 nd that in (my) (our) opin	ian death oc		ote and ha	. 19 our ond fo		that (I) (we) last couses stated	
	226 SIGNATURE Sun	Lee			DEGREE ATTENDING PHYSICIAN	G MEDI	ICAL STA	FF CIAN 🕝	22	4/17	SIGNED 184	
	KANG SU	N LEE			SINAL H	ospij	TAL O	F	BAC.	TIM	ORT	
23a (BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 4/23/1		ltimo:	re National	Cem B	CITY OF TOWN altimore	e,	COUN	TY Ma	aryland	

DHMH - 16 50M 4/82 (VRA 15, 4)

etained by the hospital or ottending physician.

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24 FUNERAL DIRECTOR Nutter & Sons Funeral Home Inc. 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

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requires that the death certificate be

JO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

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STATE OF MARYLAND ALTH AND MENTAL HYGIENE ATE OF DEATH

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		CEASED NAME	FIRST	WIDDLE	- (AS		20. DATE OF DEATH	MONTH 0	AY YEAR	26 HOUR
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	3 SEX	X	4 RACE		S. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST B		FUNDER TYEAR	HOURS M
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200		ITY OR TOWN OF DE	ATH NA	ME OF HOSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND OF	BUSINESS
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11		AL RESIDENCE (IF NUR	IN COUNTY	TITUTION GIVE RESIDENCE BEFOR		34 INSIDE CITY LIMITS?	13e STOFFT ANNOFSS	/ 7IP CODE	90	460
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5		WAS DECEASED EVE		RCES? 166 SOCIAL SECT		7 INFORMANT	ADDI			
3	(NO OR UNKNOWN)	(IF YES, GIVE WAR OR	216-34-	5363	Susan Berge	r - Same as	13		
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7		GOVE rise to imcause (a), statiunderlying cause (b), part 2 OTHER SIGNATURE OF PERAL OR CONTRIBUTING (IF EITHER NOTIFY MEC 21d INJURY OCCUL WHILE AT WORK AT W. 270. I certify that (I sow the decea above. (I) (we) (1) (we)	CAUSE OF DEATH CRITICE CAUSE OF DEATH CRITICE CHILE CONDITION CAUSE OF DEATH CRED CRED CRED CHILE CONDITION C	CONDITION FOR WHICH WAR OF INJURY DUR A.M. MONTH D P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE	DEATH BUT N DEATH BUT N OPERATION OPERATI	OT RELATED TO THE TERM WASPERFORMED 210 HOW INJURY OCCUR 211 LOCATION STREET That in (my) (aur) apinion GREE ATTENDING	AINAL DISEASE OR CON CENTER AUTOPSY? YES NO CITY OR I CITY OR I death occurred on the of	OWN 18 PA	WERE FINDING CAUSES (COUNTY) COUNTY and from the county	GS USED OF DEATH? NO STATE hot (I) (we) auses stated
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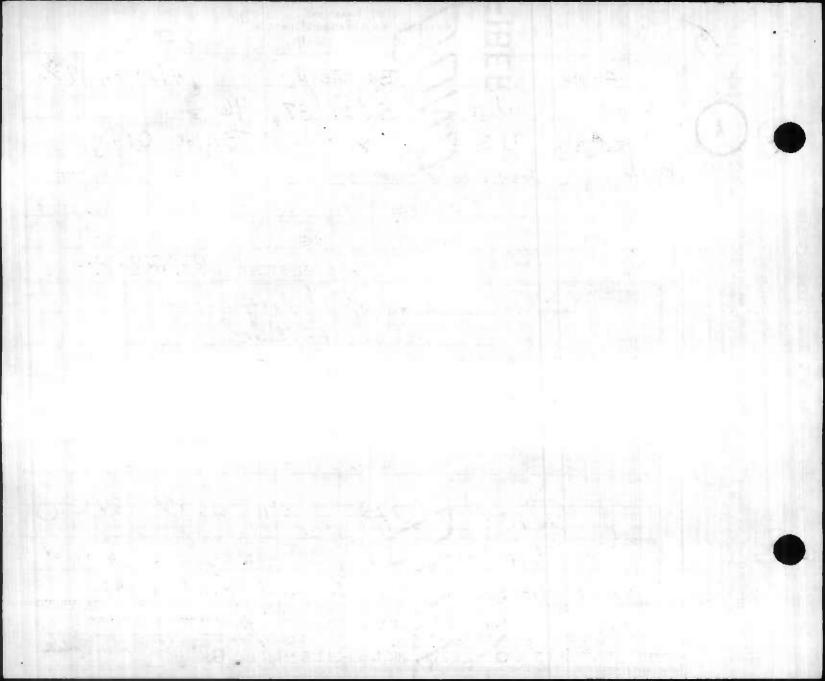
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		STATE OF M	ARYLAND
D	EPARTMENT	OF HEALTH	ANDMENTAL

HYGIENE

5	1-	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH		13	7		
		CEASED NAME FIRST OR PRINT) A NNA	4. RACE	3JODIN	BG 5. DATE O	STNSTE'N OF BIRTH 2074 YEAR	20 DATE OF DEATH	MONTH A 2 IRTHDAY)	7/84 7	OUR 35 NDER 2	
1	CZE	FEMALE RTHPLACE ASSESSED FOR THE CONTROL OF THE CON	76. CITIZEN OF		WIDOWE		9 BALTIMORE CITY BOLV	to, C	Y OF DEATH		
0	B	A TO,	LEY IA	HEACHITY, GIVE STREET AD	EBREW	HOME	120 USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEW	OF WORKING L	126 KIND OF BUS INDUSTRY AT HON		
5	13a. S	AL RESIDENCE IN NURSING HOME STATE 136 CO		BALTIMO		13d. INSIDE CITY LIMITS? YES XX NO			TS AVE. 2	121	
00		THER'S NAME DAVID	WIDDIE	SCHWART		15. MOTHER'S MAIDEN NAME FIRST MIDDL ROSE			HERTZ		
1		VAS DECEASED EVER IN U.S. (ES, NO ORUNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECUR	ITY NO.	MRS SARAH RI	TSER 1849	LLANDA S. OCE	LE, FLA. EAN'DR. 33	009	
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b) DUE TO, O	R AS A CONSEQUEN	NCE OF	l Faile	ire				
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, O (b) DUE TO, O	R AS A CONSEQUEN	NCE OF		inal disease or col	NDITION GI	VEN IN PART 110		
9	TIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O (b) DUE TO, O (c) T CONDITIONS CO	R AS A CONSEQUEN	NCE OF CCU	NOT RELATED TO THE TERM	INAL DISEASE OR COI	20b. IF YE	ES, WERE FINDINGS L IFYING CAUSES OF D	JSED DEATH	
9	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, O DUE TO, O Ic) T CONDITIONS CO 196. COND DEATH DUE ATH	R AS A CONSEQUENT ON TRIBUTING TO DE	NCE OF CELL	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YE IN CERTI	ES, WERE FINDINGS LIFYING CAUSES OF D	EATH	
9	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, O (b) DUE TO, O IC) T CONDITIONS CO 19b. COND 21b. TIME O HOUR A. NER) P. 21e. PLACE	R AS A CONSEQUENT ON TRIBUTING TO DE	NCE OF COUNTY YEAR	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YE IN CERTI Y IURY IN ITEM 18	ES, WERE FINDINGS LIFYING CAUSES OF D	D D	
99		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (FEITHER NOTEY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this had sooved (I) twe) (did) (this had sooved (I) twe) (this had sooved (DUE TO, O (b) DUE TO, O IC) I CONDITIONS CO 19b. COND 19b. COND 21b. TIME C HOUR A. NER) P. 21e. PLACE IAI HOME S11	R AS A CONSEQUENT OF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FAR	NCE OF NCE OF NCE OF PEATH BUT PEATH ON Y YEAR 19 RM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET 21d that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	20b. IF YE IN CERT! Y IURY IN ITEM 18	ES, WERE FINDINGS I IFYING CAUSES OF D IES NO PART I OR PART 2) COUNTY COUNTY That i and from the couse	STA	
9		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTEY MEDICAL EXAM) 21d INJURY OCCURRED WHIE ALL WORK 220.1 certify that (I) (this has say the deceased place.	DUE TO, O (b) DUE TO, O ICONDITIONS CO 19b. COND 19b. COND 21b. TIME O HOUR A. P. 21c. PLACE IAI HOME STI	R AS A CONSEQUENT OF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FAR	NCE OF NCE OF NCE OF PEATH BUT PEATH ON Y YEAR 19 RM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET 3 19 3 dd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22c. ADDRESS	200 AUTOPSY? YES NO CHIEF NATURE OF INITION CHY OR I A TO CHECK OF THE CHIEF NATURE OF INITION CHY OR I A TO CHIEF NATURE OF INITION CHY OR I DIRECTOR PHYS	20b. IF YE IN CERTIN Y JURY IN ITEM 18 OWN AFF	ES, WERE FINDINGS I IFYING CAUSES OF D IES NO PART I OR PART 21 COUNTY COUNTY 222. DATE SIGN 223. DATE SIGN	STA	
9	MEDICAL	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HE EITHER NOTHY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOTWHILE ALWORK 22a.1 certify that (I) (this has sow the deceased observed (I) (we) (did) (this 22b SIGNATURE)	DUE TO, O (b) DUE TO, O Ic) T CONDITIONS CO 19b. COND 19b. COND 21b. TIME O HOUR A. HOUR A. PRINTING 21b. PLACE IAI HOME S11 Spirloly of tended iff TO T	ONTRIBUTING TO DE ITION FOR WHICH OF ITION FOR WHICH OF OF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FAR deceosed from other death.	NCE OF SEATH BUT DEPERATION 19 YEAR 19 CM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET 3 19 3 dd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22c. ADDRESS	200 AUTOPSY? YES NO CITY OR I	20b. IF YE IN CERTIN Y JURY IN ITEM 18 OWN AFF	ES, WERE FINDINGS I IFYING CAUSES OF D IES NO PART I OR PART 21 COUNTY COUNTY 222. DATE SIGN 223. DATE SIGN	STA	

DHMH - 16 50M 4/83 (VRA 15, 4)



F OF MARYLAND

1 - STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	REG. NO.				
I. DECEASED NAME FIRST (1YPE OR PRINT) John	MIDDLE	Berry		1984 4 A M			
3. SEX Male	4. RACE	5. DATE OF BIRTH MONTH DAY DEC. 13 1897	or MOE INVESTIGATION	FUNDER 1 TO B IF UNDER 24 HRS			
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Baltimore				
Baltimore	11, NAME OF HOSPITAL, NURSII JIENOTIN SUCHFACILITY, GIVE STREE 2038 Druid Hil	NG HOME OR OTHER INSTITUTION LADDRESS	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Manager, N.C. Mut Insurance				
USUAL RESIDENCE (IF NURSING HOM 130 STATE 136. CC Maryland	E OR OTHER INSTITUTION GIVE RESIDENCE BEFOR DUNTY 13c. CITY OR TOV Baltimo.	VN 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 2038 Druid Hill	5/0/1			
John	MIDDIE Berry	15. MOTHER'S MAIDEN N. FIRST Adaline		Woodland			

18. CAUSE OF DEATH (I	nter only one couse	per line for (a), (b)	and ici.i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	711 51	DALA BETH	PROXIMATE INTERVAL
11 nahim	MEDIATE CAUSE (a),	MICIER	10 SCLEROTI	C T-	· HIS was y p	C,V,A.	9 YEAR
7010		OR AS A CONSE		GENERAL STREET	and the second	P 1	
Conditions, if any, w	hich (1b)		100	1107	indi.	Ž.	
gave rise to immed		OR AS A CONSE	OUENCE OFFI		Sec.		
underlying cause		OR AS A CONSE	OUENCE OF				

20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19

21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on opinian death occurred an the date and hour and fram the causes stated

22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

224 PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS Baltimore Life Building

901 North Howard Street Balto 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION

ADDRESS

Entombment Arbutus Memorial Pack 4/27/84 14 FUNERAL DIRECTOR Nutter & Sons Funeral Home Inc.

Carlton L. Sexton, M.D.

23b. DATE

BY REGISTRAR 355 REGISTRAR'S SIGNATURE

4 COUNTY

Baltimore

STATE

STATE

Md.

2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

23a BURIAL, CREMATION, REMOVAL

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | (IF YES, GIVE WAR OR DATES)

DHMH - 16 50M 4/83 (VRA 15, 4)

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should be detached with the State Dept.

IMPORTANT.

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician. poge 3

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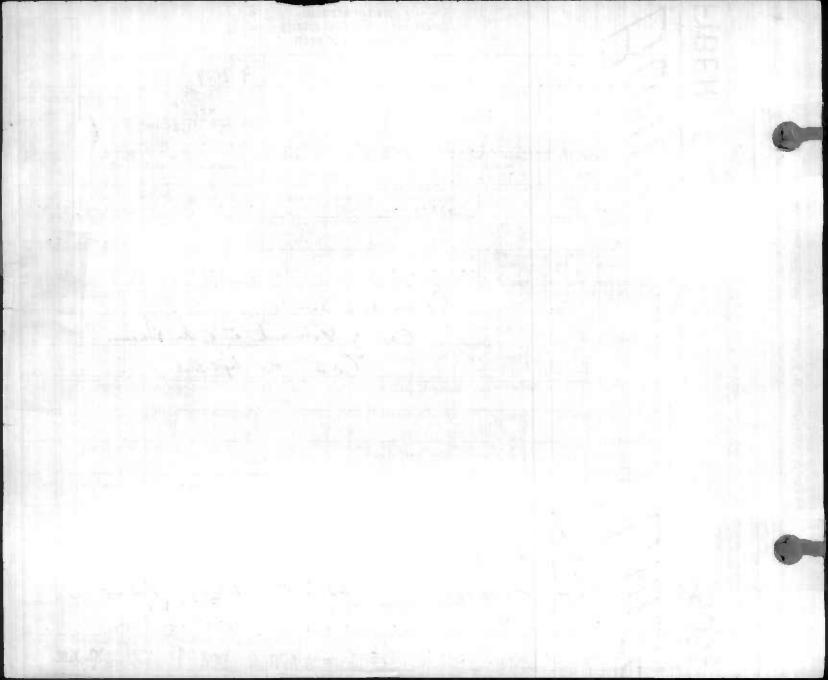
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1	1-	STATE REGISTRAR		DEPARTN		ICATE OF DI		REG. N	10.	1		
		CEASED NAME FIRST OR PRINT)		MIDDLE		AST	9-5	4 . 1 . 84	MONTH	DAY YEAR	2b. HOUR	-
1	3. SEX	LEOL	A. RACE	J	BER 5. DATE C			6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER TYEAR	IF UNDER 24	HR5
		77 1	7.1		MONTH	DAY	YEAR	7.5		MONTHS DAYS	HOURS	MIN.
	7. DII	Female RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1	21	0.8	9 BALTIMORE CITY	YRS.	TY OF DEATH		
3	C C	OUNTRY)	78. CITIZEIN OF	WHAT COUNTRY:	MARRIE	NEVER M		, DALIMORE CITY	OK COOK	I OI DEAIN		
	V:	irginia	U.S		WIDOWE		ORCED	BALTIMO		ITY,		MD.
po.	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN	G HOME C	R OTHER INSTI	TUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST			OF BUSINES	S OR
1		BALTIMORE		N. LIN		STREE	T					
<	13a. S	AL RESIDENCE (IF NURSING HOME) TATE 136 COL		13c. CITY OR TOWN Baltim	٧	13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS 1424 N.			212	1 2
-		THER'S NAME		Daicim	016	15. MOTHER'S			LILIV	VOULAVE	. 414	1)
d	5	FIRST	MIDDLE	TAST		F	RST	MIDDLE		U	ST	
u		Frank		Jones			ry	ADDR	FCC	Weat	nerle	SS
	(1	VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (# YES, C	RMED FORCES? SIVE WAR OR DATES)	216-10-		Thoma				Linwood	d Ave	nue
		RATIL DEATH WAS CAUSED FOR THE PART I. DEATH I. DEATH WAS CAUSED FOR THE PART I. DEATH WAS CAUSED F	DUE TO, O	R AS A CONSEQUE	HE OF	Jes And Co A	red vec	Licher Charles	l An	BITWEEN	XMATÉ INTERVA ONSET AND DI	ATH
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	O THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 1	10			
7	CERTIFICATION	19a DATE OF OPERATION	19b. COND	CONDITION FOR WHICH OPERATION WAS PERFORMED			YES NO	IN CERT	ES, WERE FIND FIFYING CAUSE YES		?	
	E	210. ACCIDENT WAS UNDERLYING		216. TIME OF INJURY			URY OCCURR		D (ENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 2)			
1		OR CONTRIBUTING CAUSE OF D	EATH	M. MONTH DA								
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	P. PLACE	M.	19	ZII LOCATIO	N					
	MEC	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F.	ARM ETC)	STREET		CITY OR T	OWN	COUNTY	STA	.TE
		22a I certify that a thin has	10	19			our) opinion o	, to death occurred on the	date and h		, that (I) (we e couses state	
		show (I) (wil) (did) fitid.	A The body	C .	RE	DEGREE	TENDING P	MEDICAL STA	AFF	22¢. DAT	ESIGNED	
		22d. PHYSICIAN'S NAME (TYPE	1 1	2/1		22e. ADDRESS		BLUP		1-10	us.	
	23a. B	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR C	REMATORY	73d LOCATION	17			
	(Cremation	4/3/			iew Me		CITY OR TOWN	ore,	CO.	Md.	
		UNERAL DIRECTOR					250 DAT	E REC'D. BY REGISTRA	R 256 REGI	STRAR'S SIGNA	TURE	
	M	m C March F	H Inc,	1101 E	Nort	h Aver	u APR	4 1984	Tia Do	widson-Ro	ndell	

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and coi should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT; If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be attending physicion

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERT	TIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	A	IDDLE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR
(TYPE OR PRINT) (205	A De	borah	BERRY	4	6 8-18.01 gm
3. SEX	4 RACF		TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Female		Black 1		83 YR	
TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	VHAT COUNTRY? 8.	RIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
COUNTRY) Tennessee	U. S.		WED DIVORCED	Baltimore Cit	V MD.
10 CITY OR TOWN OF DEATH	11. NAME OF H		AE OR OTHER INSTITUTION	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR
Baltimore		inai Hospit		Domestic	Pvt. Families
USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COU		GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS / ZIP CO Baltimore, Ma	ODE 4103 Maine Ave. ryland 21207
14 FATHER'S NAME	MIDDLE	EAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	
Julius	MIDDLE	Berry	Anna	WIDDLE	Bright
160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY NO	D. 17 INFORMANT	ADDRESSRt	. 12 6101 Top 0
(YES NO OR UNKNOWN) (# YES, G	IVE WAR OR GATES)	220-30-0806	James B. Buss	sell Knox Dr.	Knoxville, Tennio
					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUS	ED BY: ATE CAUSE (b)	Cerrica	Jul nu a	ment.	WIWEENONSET AND DESIGN
4100 Conditions, if any, which	DUE TO, OR	AS A CONSEQUENCE O	nomileu	2 minus	and.
gove rise to immediate	160	7		- June	
couse (a), stating the underlying couse last	DUE TO, OR	AS A CONSEQUENCE O	6	/	The state of the s
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NITPIRITING TO DEATH I	BUT NOT BELATED TO THE TERM	MINAL DISEASE OR CONDITION	CIVEN IN PART 1/2
	CONDITIONS CO	INICIO IN DEATH	BOT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	OIVER HALAKI 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
RTIF				YES NO	YES NO
OR COMPRESSION OF CAUSE OF O	216. TIME OF HOUR A.M	INJURY A. MONTH DAY YE.	AR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN ITEM	18 PART 1 OR PART 2]
(IF EITHER NOTIFY MEDICAL EXAMIN	P.M 21e, PLACE C		211 LOCATION		
WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, FARM, ETC		CITY OR TOWN	COUNTY STATE
220.1 certify that (1) (this has	oital) attended the	deceased from	, 19		, 19, that (I) (we) lost
sow the deceased alive of		19 84	, and that in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
obove, (I) (we) (did) (did r 22b. SIGNATURE	of) view the body o	offer death.	DEGRUE		22¢ DATE SIGNED
Socia	cen	1 /	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1 4-6-84
224. PHYSICIAN'S NAME (TYPE	ORPRINT)	m-D	22e ADDRESS	ar Itom	ilal !
230 BURIAL, CREMATION, REMOVA	L 236: DØE	73c NAME C	OF CEMETERY OR CREMATORY	23d LOCATION	
(SPECIFY) Burial	4/10/	1984 Arbutu	s Memorial Parl	CITY OR TOWN	altimore, Marylan

4/10/1984 Arbutus Memorial Park

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etoined by the hospital or

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

injury, ar other troumatic event, the

MPORTANT: If Item 21 is marked or Item 18

24 FUNERAL DIRECTOR Nutter & Sons Funeral Home Inc. 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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(50] Glynne Falls Boy. Haltimore, Md. 21215

equites that the death certificate

OR ATTENDING PHYSICIAN, The

TO HOSPITAL

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LAND 21201	nin 24 hours ofter death. Page 4 may be	ly filled in by the funeral director, page 3 should be filed within 72 hours after death	

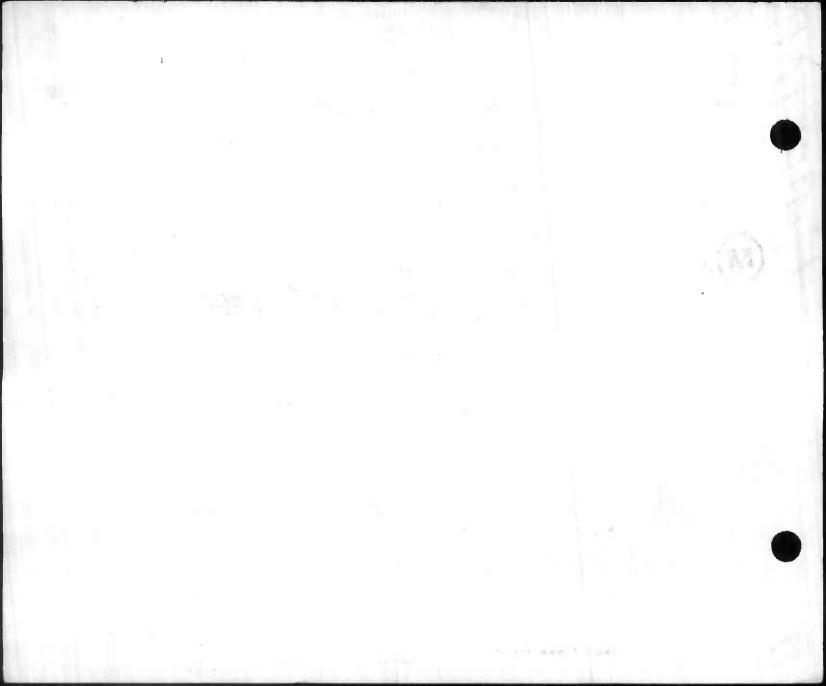
STATE OF MARYLAND

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4	0	A	1	4	-

	- STATE REGISTRAR		CERTIF	CATE OF DEATH	REG.	NO.		
	ECEASED NAME FIRST	MIDDLE	L/	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
(117EE	Joseph	BI	EDRZYC	KI	April	2,	1984	
3. SEX	EX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST I	BIRTHDAY)	IF UNDER TYEAR	
	Male	White	JULY	22, 1928	55	YRS.	MONTHS DAYS	HOURS A
Ja: BI	SIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 1		9 BALTIMORE CITY		Y OF DEATH	1
M	lary and	U.S.A.	WIDOWE	NEVER MARRIED DIVORCED W	Baltimor	e Cit	٧.	
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME O		120 USUAL OCCUPA		<u>v</u>	OF BUSINESS
	Baltimore	2230 Eastern A	venue		Engraver		News	Paper
13a. S M	Maryland 136 COU	PROTHER INSTITUTION GIVE RESIDENCE BEFO INTY 136 CITY OR TOV Baltimo	WN	YES NO	13e.STREET ADDRESS 2230 Eas	zip coi stern	x Avenue	21231
	ATHER'S NAME Victor Biedrzyc	MIDDIE LAST		is. Mother's Maiden Na. Kunigur	ıda Ginis		IA	
16a V	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES!		17 INFORMANT	ADD		timore,	
,	(YES, NO ORUNKNOWN) (IF YES, G	220-20-	2199	Irene Kleçzk	kowski 2230) East	ern Ave	. 2123
	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO: OR AS A CONSEQU	UENCE OF					
CATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	M	NOT PERFORMED	INAL DISEASE OR CO	1206 V	KELLAT	NGS USED
CERTIFICATION	PART 2: OTHER SIGNIFICANT	19b CONSTITION FOR WHICH	H OPERATION	of Deeple	TON STOPS V?	206/8 V IN CERT	66, WERE FINDS	NGS USED OF DEATH NO
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	PART 2: OTHER SIGNIFICANT 1% DATE OF OPERATION 21st ACCEPTUM-SUNDERLYAG	19h CONSTITION FOR WHICH 19h TIME OF INJURY HOUR A.M. MONTH (II) 19h P.M. 19h P.M. 19h P.M.	H OPERATION DAY YEAR 19	WAS PERFORMED THE HOW INJURY OCCURS	200 OFTOPSV? YES NO (C) RED (ENGIN NATURE OF N	206/6 V. IN CERT	KS, WERE FINDS FYING CAUSE (ES PART OR PART)	NO []
MEDICAL CERTIFICATION	PART 2: OTHER SIGNIFICANT 19s. DATE OF OPERATION 21s. ACCEPTUAS UNDERLYING OR CONTRIBUTION [1] CAUSE OF D (45 EDIES), NOTES MODELS ESSAME 214. INJURY OCCURRED	196 CONDITION FOR WHICH	H OPERATION DAY YEAR 19	N WAS PERFORMED 211, HOW INJURY OCCUR!	TON STOPS V?	206/6 V. IN CERT	66, WERE FINDS	NO [
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	PART 2: OTHER SIGNIFICANT 1% DATE OF OPERATION 21s. ACCEPTI WAS UNDERLYING ON CONTRIBUTING [] CAUSE OF D (# 10) Fill NOTEY MIDICAL EXAMINATION 21st INJURY OCCURRED AT WORK AT WORK 22st I certify that (I) (this help observe, (I) (we) identify (did in NO SIGNATURE 22st Physician's NAME (15st	19h CONDITION FOR WHICH 19h CONDITION FOR WHICH 21h TIME OF INJURY HOUR A.M. MONTH (19) 21h PLACE OF INJURY (14) HOME STREET FACTORY OFFICE pitol) after regulating deficition from 19 OR PRINT)	DAY YEAR 19	THE NOCATION STREET THE NOCATION STREET ATTENDING PHYSICIAN DIRECT	TON OTOPS V? YES NO NO PO ED (INDIA NATURE OF IN COTH DA MEDICAL ST MEDICAL ST MEDICAL PHYS	JON OF Y IN CERT	(COUMP) FYRING CAUSES (ES [] FART I CREATED COUMP TO DATE Apr	that III (we couse state SIGNED
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MEDICAL	PART 2: OTHER SIGNIFICANT 1% DATE OF OPERATION 21s. ACCEPTI WAS UNDERLYING ON CONTRIBUTING [] CAUSE OF D (# 10) Fill NOTEY MIDICAL EXAMINATION 21st INJURY OCCURRED AT WORK AT WORK 22st I certify that (I) (this help observe, (I) (we) identify (did in NO SIGNATURE 22st Physician's NAME (15st	19h CONDITION FOR WHICH 19h CONDITION FOR WHICH (Arm HOUR A.M. MONTH (FILE) 19h P.M. 21e PLACE OF INJURY 1 at 100M, STREET, FACTORY, OFFICE (ST) view the Body offer (Broth) OF PERMIT DIAN M.D. 22e DATE 23e	DAY YEAR 19 14AM-11L1	THE NOCATION STREET THE NOCAT	TOP OTOPSY? YES NO NO NO ED CHATE HATUR OF NO LOGIC CHATE HATURE OF NO MEDICAL ST MORECTOR PHYS WAY BA 23d LOCATION D CHOOLOGH	JONE TO THE TENTE OF THE STREET OF THE STREE	COUNTY 19 10 10 17 Apr COUNTY C	that III (we couse state SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

10 FUNERAL DIRECTOR After this centricate has been upped by the ottending physics should be detached for use as the burdah transit permit. Then please remove corbon popel with the State Dept. of Health and Menral Hygiene prior to burief, cremotion, or removal.



signed by the attending physician and completely filled in by the firmers! hen please remaye carbanpapers. Pages 1 and 2 shauld be filed within 72 in

medical

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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			- 2	

' -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME	FIR5T	77	MIDDLE	l.	AST	2ª DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
(1117)		MARY			BIL	LIPS	APRIL 30,	1984		1:00 am
3. SE			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF	ONTHS DAYS	IF UNDER 24 HRS
1	FEMALE		BLACK		1 1	DAY YEAR 27	56	YRS	ATTION DATE	7,000
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY		F DEATH	
V	IRGINIA		us	3	WIDOWE	D NEVER MARRIED DIVORCED	Baltimore	Citu		MD.
10. C	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION		OF BUSINESS OR
Ba	altimore			the faculity, GIVE STREET And General		pital	HOMEMAKER	OF WORKING LIFE)	INDUSTRY	
USU	AL RESIDENCE (IF NURS	13b. COU	ROTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		215	217
	THER'S NAME	1				15. MOTHER'S MAIDEN NA	1 734 RESER	VUIR S	-	
	LANDIS		WIDDIE	DANCE		BERTHA	MIDDLE	BAISS	SEAU LA	ST
	VAS DECEASED EVER			166 SOCIAL SECU		17. INFORMANT	ADDRI			
(YES NO UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	229-28-	5975	MADELINE NIX	CON 547 TAY	LOR ST.	•	
NO	Conditions, if any gove rise to imm couse (a), static underlying couse	mediate ng the last.	(b)	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO E Alcohol A	NCE OF	NOT RELATED TO THE TERM	MIN AL DISEASE OR CON	IDITION GIVEN	N IN PART 10	O
ATI	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED
I I							YES NO	YES		S OF DEATH?
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DE	ATH HOUR A.	FINJURY M. MONTH DA M.	YEAR	216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	IT I OR PART 2)	
MEDI	AT WORK AT WO	HILE		REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
	Obove, (R(we) (ed alive ar	April Week the body	30 19		nd that in My (aur) opinian	, 10	, , ,	and fram the	
	22b. SIGNATURE	1	1 M	ely	m	PHISICIAN	MEDICAL STA			0/84
	22d. PHYSICIAN'S N.					22e ADDRESS				
	Charl	les R	idley, M	.D.		c/o Marylan	d General H	ospita.	1	
23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23t. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION			

WILKERSON MEM.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the atter should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, marked ar Item 18 shows any

IMPORTANT: If Item 21 is

REMOVAL

24 FUNERAL DIRECTOR
E. L. PHILLIPS 1721 N. MONRUE ST.

5-1-84

PETERSBURG VIRGINIA CEMT.

1984

MAY 2

250. DATE REC'D. BY REGISTRAR 255, REGISTRAR'S SIGNATURE

11 AV 9 1001 Julia Davidson Pandelle

vitings interpland congrat Househill Poncine homorrhams (Strebroggeraler north at sandA levebia NA NATIONAL AND ALTERNATION OF THE NAME OF THE PARTY OF T Inches Let and Total with New Bolefrey Commerce 880 S. W.V.

IMPORTANT: If them 21 is marked or them 18 more any injury, or ather traumatic event, the

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL H ICATE OF DEATH	YGIENE	REG. NO.		
ľ		CEASED NAME	FIRST		MIDDLE	· ·	AST	2a. DA	TE OF DEATH MONTH	DAY YEAR	26 HOUR
l	(TYPE	OR PRINT)	Mary		В		Bingaman	0	4/28/84		2:00R
ľ	3. SEX	(4 RACE		S. DATE C		6 AGE	(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	1	Female		White		MONTH			65 YRS.		HOURS MIN.
1		RTHPLACE (STATE OR	FOREIGN :		WHAT COUNTRY?	Sept		9. BAL1	IMORE CITY OR COUNT		
	_	COUNTRY		II C	۸	WIDOWE	DI NEVER MARRIED	В	altimore (City	440
1		ennsylvani TY OR TOWN OF DE		II. NAME OF I	HOSPITAL, NURSIN		OR OTHER INSTITUTION		UAL OCCUPATION		DF BUSINESS OR
1	3	altimore		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ns Hospita	1 6	F WORK FOR MOST OF WORKING	HE INDUSTRY	
4	R	AL RESIDENCE (IF NUR	SING HOMEOR				ns nospice	Н	ouse duties	Ho	me
1		TATE	136, COUN	TY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STR	EET ADDRESS / ZIP COL	DE 9	1999
1		.Va.	Berk	elev	Martins	burg	YES NO	TAME.	417 Virginia	. Avenué	
	14. FA	THER'S NAME	^	AIDDLE	IAST		15. MOTHER'S MAIDEN I	NAME	MIDDLE	1A	ST
		Charle		Jacob	Revno	lds	Mildr	ed	Elizabeth	. Kni	ght
7		VAS DECEASED EVER		WAR OR DATES!	166. SOCIAL SECU	JRITY NO.	17. INFORMANT		ADDRESS		
4		no			235-26-	0797	Α.	L. Bi		Virgini	
ľ		IB. CAUSE OF DEA	TH (Enter onl	y one couse per	for (a), (b) an	d (C)	1		/ Mart	BETWEEN	ONSET AND DEATH
ı		PART I. DEATH V		E CAUSE (o)	ardi	5 mul	monay ar	res	t	1 hr	L 85 me
ı		1844			R AS A CONSEQU	ENCE OF	,) ()	, ,	4	, / '	,
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ŀ		underlying cous		100000	R AS A CONSEQU	ENCE OF					
ı		PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DI	SEASE OR CONDITION G	IVEN IN PART I	0
1	Z										
9	CERTIFICATION	THE DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a		ES, WERE FINDI	
1	IFIC	4/10/5	14	1/11	low Ca	rcen	me	YES	200	TIFYING CAUSES YES 🗍	NO
+	ERT	710. ACCHENT WAS UN	IDERLYING	21b. TIME C	F INJURY		21c HOW INJURY OCC		TER NATURE OF INJURY IN ITEM 18		
		OR CONTRIBUTING	CAUSE OF DEA			AY YEAR					
1	MEDICAL	(IF EITHER, NOTIFY MED 71d. INJURY OCCUR		P. 21e. PLACE		19	21f LOCATION				
1	ME	WHILE IN NOT W	HILE		REFT, FACTORY, OFFICE,	FARM, ETC 1	STREET		CITY OR TOWN	COUNTY	STATE
1		AT WORK AT WO	ORK			2/	1	4	-CL/2 of	11 / 7	
-		22s I certify that (I) (this hospit	ol) attended th	e deceased from_	87/	od that in (my) (nur) paini	on death or	curred on the date and he	nu pad tram the	that (I) (we) last
ı		10046 HT(MB)	did) (skd not	when the book	after death		DEGREE	011 02 0111 00	corred on the dote ond si	27L DATE	
ı		276. SIGNATURE	1	//	1	M	ATTENDING	MED!	ICAL STAFF.	2.6	Balay
4			-/	00	1	/ (PHYSICIAN	DIREC	TOR PHYSICIAN	7/	-8/8
1		224 PHYSICIAN'S N	AME (TYPEO	PROTEIN	· / A	. 0	27e ADDRESS	21-	1- L/e.	SPITE	
		10000	um	J. Cl	301,	てレ	26HN>	7 (4)	okins to	Min	
1		SURIAL, CREMATION	, REMOVAL	736. DATE	230	NAME OF C	EMETERY OR CREMATOR	23d.	LOCATION CITY OF TOWN	COUNTY	STATE
1		Buri	al	May 2	-84 P1	easant	. View Memor	v Gard	dens Martin	shurg_B	erkelev Va
1	24 FL	JNERAL DIRECTOR	The are	Donin	1 Bres	-vi	25a C	ATE REC'D	. BY REGISTRAR 256, REGI	STRAR'S SIGNA	TURE
	1	Brown Fune	unal II	000 //	1 June	/_	MAY		B4 guile David	bon-Asna	اللالم
ŀ		OT OWN THIE		we mar	tinsburg,	WV			U		

\$100.00 met 9

the forming of the

FOR - STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

male To BIRTHPLACE (STATE OR

13a. STATE

FOREIGN COUNTRY)

SEX

Robert

136 COUNTY

Dennis F. Smyth, M.D.

March F/H Inc. 1101 E North Avenue

4/14/84

4. RACE

USUAL RESIDENCE (# IN NURSING HOME OR OTHER IN

160 WAS DECEASED EVER IN U.S. ARMED FO

N. Carolina

10. CITY OR TOWN OF DEATH

Baltimore

Maryland 14 FATHER'S NAME

Booker

(YES, NO, OR UNKNOWN)

EXAMINER'S NAME

230 BURIAL, CREMATION, REMOVAL 236 DATE

(TYPE OR PRINT)

BURIAL

24. FUNERAL DIRECTOR

black

		STATE MENT OF HEA	ALTH A	AND M	ENTAL	U	A CONTRACTOR OF THE PARTY OF TH) 9 REG. NO.	1	4 6	
OBOBBY pert)	MIDDLE L.	•	Bl.	lack				NOWN DESTI-	монтн 4	9 19 8	I TOOK
S DATE OF BIRTH	YEAR 42	6. AGE (IN YEARS LAST BIRTHDAY) 41 YRS.	MONTHS		IF UNDER HOURS	R 24 HRS.	PRONOUNCE DEAD	ED	MONTH 4	9 19 8	AR 24 HOUR 8:47
U.S 11. NAME OF HOS (IF NOT IN SUCH FA 402 Ben	. A .	RSING HOME, OF	MARRIED VIDOWED DR OTHER	D R INSTITU		CED US	9 BALTIMOI Balti UAL OCCUPA MOST OF WORKIN	more	City	,	MD.
OME OR OTHER INSTITUTION, GI DUNTY	13c. CITY		13	3d. INSIDE (CITY LIMITS?	13e. STF	REET ADDRESS	ne S	tree	+ 2:	1223
MIDDLE T . ARMED FORCES? GIVE WAR OR DATES)	S C	Cruggs IAL SECURITY NO	10.	M:		a	MIDD	ADDRESS	Но	wie ne Si	reet
r only one couse per line USED BY: DIATE CAUSE (o) Ca DUE TO, OR	rbon r		≥ int	coxic	cation	n				APPROXI	MATE INTERVAL NSET AND DEATH

111 Penn St.

23d LOCATION

Baltimore,

Balto., MD.

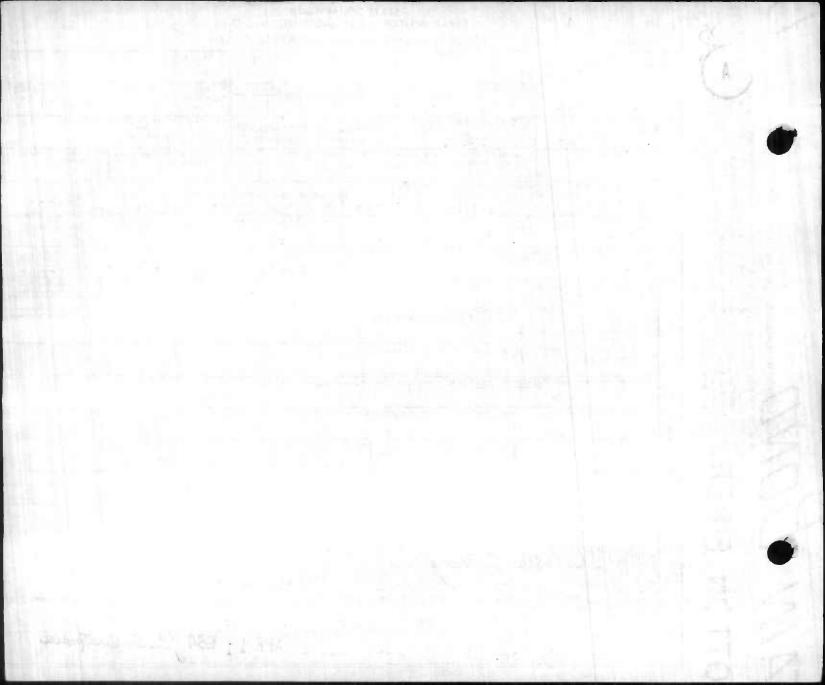
Md.

Unknown 18 CAUSE OF DEATH (Enter only one co PART I DEATH WAS CAUSED BY IMMEDIATE CAUS Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH YEAR 9 19 84 inhaled exhaust fumes from auto 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK 402 Benninghaus Rd. Balto.City Md. garage 27a I certify that I took charge of the remains described above, held on Autopsy ond in my opinion death resulted from Undetermined monner Notural causes Accident Homicide __ LITLE (SPECIFY) ACTUAL M.D. Assistant 4/9/84

23c. NAME OF CEMETERY OR CREMATORY

Mount Auburn Cem.

DHMH - 17 (VR A15 ME (5) 20M 4/82



STATE OF MARYLAND

1 - STATE REGISTRAR		DEPARTM		ICATE OF	MENTAL HY	GIJINE = }	REG. NO.	7 1		
I. DECEASED NAME FIRST	Mi	DDLE	t.	AŞT		20 DATE OF	F DEATH MONTH	H DAY	YE AR	26 HOUR
JEROM	E M	ARTIN	BT	ATR			4	30	84	0045
1 SEX	4. RACE	JKI III	5. DATE C			6. AGE (IN)	(EARS LAST BIRTHDAY)		DERIYEAR	IF UNDER 24 HRS
2 MALE	WHI	B E	MONTH	11	YEAR 13		71	MONTH	DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF W		01	11	13	9 BAITIMO	71 ORE CITY OR CO	YRS.	FATH	
MARYLAND					MARRIED -					
10. CITY OR TOWN OF DEATH	U.S.	SPITAL NURSIN	WIDOWE		IVORCED [TIMORE C		F KIND O	F BUSINESS OF
	(IF NOT IN SUCH	FACILITY, GIVE STREET A	ADDRESS)		illonor	(TYPE OF WOR	K FOR MOST OF WORL	KING LIFE) IN	DUSTRY	
BALTIMORE USUAL RESIDENCE (IF NURSING HOM)	_	AGNES HO		AL		CL	ERK			STER OF
134 STATE HE CO		3c. CITY OR TOWN		13d. INSIDE	CITY LIMITS?	13e.STREET	ADDRESS / ZIP	CODE	***	
The state of the s	LTIMORE	ARBUTUS	3	YES 🗌	NO 🔀	4207	KENSING	TON R	OAD,	21229
H FATHER'S NAME	MIDDLE	LAST		15. MOTHER	'S MAIDEN NA	AME	MIDDLE		LAS	
ALBERT		BLAIR		A:	NNIE				FALT	ER
160 WAS DECEASED EVER IN U.S.		66 SOCIAL SECU	RITY NO.	17. INFORM	ANT		ADDRESS	Call Inc.		
	W II	213-03-	7810	THER	ESA BLA	IR 420	7 KENSIN	IGTON	RD.	21229
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU Logoward of the Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR	ARDIO AS A CONSEQUE AS A CONSEQUE	NCE OF				stans to	-live	/3	days
PART 2. OTHER SIGNIFICAN ACCULL	(c)	Kenal	- 7	NOT RELATE Mell	D TO THE TERM	MINAL DISEAS	7. /	N GIVEN IN	I PART 14c	
ACCIDENT WAS UNDERLYING	19b CONDIT	ION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20d/AUTO		IF YES, WE CERTIFYING YES		IGS USED OF DEATH? NO
OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 214. INJURY OCCURRED	DEATH HOUR A.M NER) P.M 21e PLACE O	. MONTH DA	19	211. LOCAT	ON	RRED (ENTER NA	ATURE OF INJURY IN ITI		OUNTY	STATE
AT WORK AT WORK				100						
22a.l certify that (I) (this ha										that (I) (we) los
spw the deceased plive above, (1) (we) (did) (did	not) view the body a	fter deoth.) (our) opinior	depin occurre	ed on the date on			ho-Viv
226 SIGNATURE	Malle	708 Our		DEGREE	ATTENDING	MEDICAL	STAFF		LHZ	D/PLL

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE 05-03-84

22d. PHYSICIAN'S NAME (TYPE ORPRINT)
RMALHOTRA

23c NAME OF CEMETERY OR CREMATORY

HOSPITAL, BALTIMO

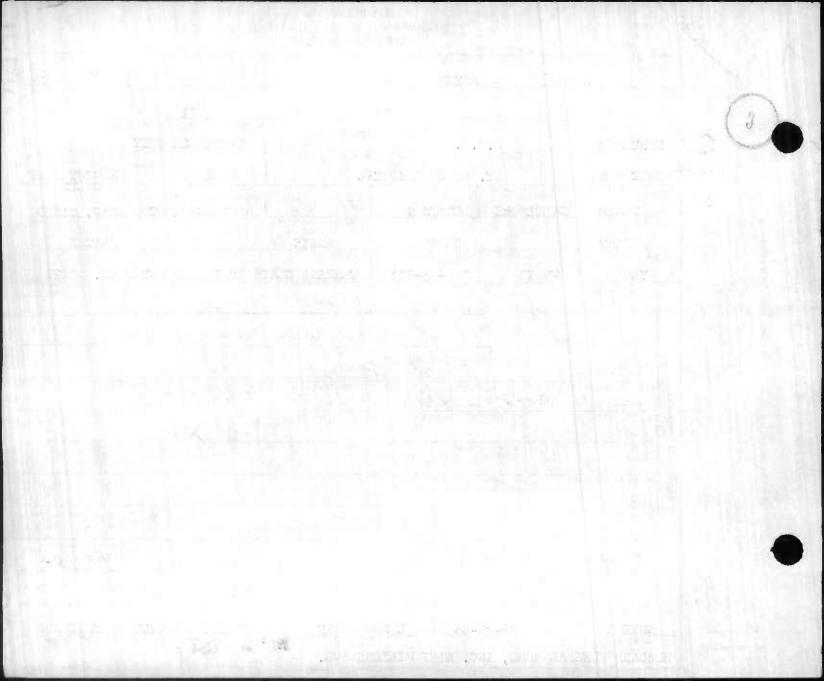
BURIAL
24 FUNERAL DIRECTOR HUBBÄRD FUNERAL HOME, INC. 4107 WILKENS AVE.

LOUDON PARK 21229

22e. ADDRESS

ST.

23d LOCATION
CITY OR TOWN
BALTIMORE CITY



	FOR 1 - STATE REGISTRAR	DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	9	1 4	3
	1. DECEASED NAME FIRST WILBU	R NMN		KLEY	to brite or berill	4 4	27 VEAR 84	8:00p
1	Male	Black	5. DATE C		6. AGE (IN YEARS LAST BIRT	YRS	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7	South Carolina	USA	WIDOWE		9 BALTIMORE CITY OF BALTIMORE	CITY		MD
3		VANCE BALTIMORE,			120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Labora			OF BUSINESS OR
5	USUAL RESIDENCE (IF NURSING HOME OR OT 130. STATE 13b. COUNTY Md.		V	13d Inside City Limits?	1932 W. I	ZIP CODE B al tir	more S	treet
0	14. FATHER'S NAME FIRST ME	DDLE LAST Blaklev		IS. MOTHER'S MAIDEN NAME FIRST Stinev	WE		IA	51
1	Yes 9/14/	72803538 744-	4	Edith Tham	addre nas 1932 W		ltimor	e St
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	BY:	NCE OF	pulmonny scular acc	embolus.	Ś	BETWEEN	IMATE INTERVAL ONSET AND DEATH
1	PART 2 OTHER SIGNIFICANT CO	196. CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES	S, WERE FINDI	NGS USED
}	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (WEITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21c. PLACE OF INJURY	Y YEAR	21c. HOW INJURY OCCURR				
	while NOT WHILE AT WORK AT WORK this hospital	(AT HOME, STREET, FACTORY, OFFICE, FA	APRII	STREET	to APRIL	27	19 84 ,	that (1-(we) lost

722d. PHYSICIAN'S NAME (TYPE OR PRINT)

REVIAL ERENTZ

30. BURIAL, CREMATION, REMOVAL | 736. DATE | 73c. N

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22¢ DATE SIGNED

77e ADDRESS

3900 Loch Raven Blvd. Balto, Md 21218

(SPECIFY)	,	
Burial		
012 200		_

226. SIGNATURE

730 NAME OF CEMETERY OF CREMATORY

Crownswille VA Cem

DEGREE

Baltimore

Md/"

H - 16 50M 4/83

Brown/Thompson FH 1913 W. Baltimore St.

3-3-84

MAY 0 1 1984

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been tilg should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

es and the second requires that the death

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

BP.

retained by the hospital or attending physician

		FOR
1	-	STATE

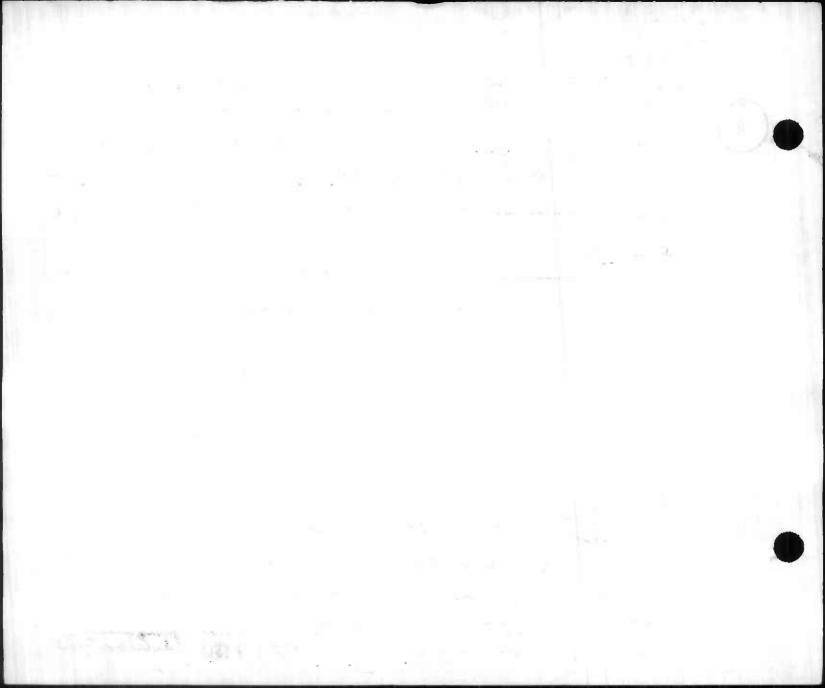
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CEPTIFICATE OF DEATH

G	9	1	6	3

	REGISTRA	417							REG. NO.				
	CEASED NA	WE	FIRST	,	AIDDLE	LAS	ST	20. DATE OF E	DEATH MO	ONTH DAY	YEAR	2h HOU	IR
TIYPE	OR PRINT)	BETT	E	EVEF	RETT	BLEVIN	IS	APRIL	19.	1984		2	A
3. SE)		Г		4 RACE		5 DATE OF	BIRTH DAY YEAR	6 AGE (IN YEA	ARS LAST BIRTHE	MON	INDER I YEAR	IF UNDER	24 HR
11	FEMAL			WHIT	E.	8 /	24 / 1925	58		YRS			
7a. BII	RTHPLACE	(STATE OFF	DREIGN	Th CITIZEN OF	WHAT COUNTRY?	8. MARRIED	□ NEVER MARRIED □	9 BALTIMOR	E CITY OR	COUNTY OF	DEATH		
	ARYLAN	4D		U.S.A	١.	WIDOWED		BALTI	MORE	CITY_M	ARYLA	ND	٨
10. CI	TY OR TOW	N OF DEA	TH		HOSPITAL, NURSII		OTHER INSTITUTION	12a USUAL O			126 KIND C	F BUSINE	ESS C
BA	ALTIMO	RE					BALTO, MD.	EDUCA			BALTO	_ CI	ΤY
	AL RESIDEN		13b COUN		GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	130.STREET A	DDREGS / 7	IP CODE			
MAF	RYLAND				BALTIMOR		YES XX NO		ECODA		NUE	2123	4
14. FA	THER'S NA			AIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	MIDDLE		LA:	ī	
	rms		,	NIDOLE.	t A 31		MARGARET	VI	RGINI	Д	DAILY		
	VAS DECEA			MED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT			NCASTE		EET	
NO	0	KNUWN)	CIP TES, GIVE	WAR OR DATES)			LUCILLE BROW			RE MAR			31
	18. CAUSE	OF DEATH	1 (Enter onl	y one couse per	line for (a), (b), ai	nd (ch.)						MATE INTER	DEAT
	PART I	DEATH W.	AS CAUSEI	Ó BY E CAUSE (¤)	Rutant	Eti Pa	wen of the	mean			/1	121	
	gove ris	ns, if any, e to imm o), stating g cause	ediote g the	DUE TO, OI	R AS A CONSEOU	JENCE OF							
IFICATION	gave ris cause (i underlyin	e to imm o), stating g cause	ediote g the løst.	DUE TO, OI	ONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TER/	200 AUTOF	SY?	ION GIVEN Ob. IF YES, W N CERTIFYIN YES [ERE FINDI	NGS USE	H?
CERTIFICATION	gove ris couse (i underlyin PART 2. O	e to imm o), stating g cause	ediote g the lost. UFICANT C	DUE TO, OI (c) ONDITIONS CC 196 CONDI	ONTRIBUTING TO	DEATH BUT N		20a AUTOF	NO X	Ob. IF YES, W N CERTIFYIN YES	ERE FINDI	NGS USE	H?
CERTIFIC	PART 2. O	e to imm oi, stofing g couse THER SIGN OF OPERAT ENT WAS UND BUTING C	ediote g the lost. IIFICANT C	DUE TO, OI (c) ONDITIONS CO 196 CONDI 216. TIME O HOUR A.	DNTRIBUTING TO TION FOR WHICH FINJURY M. MONTH D	DEATH BUT NO POPERATION	WAS PERFORMED	20a AUTOF	NO X	Ob. IF YES, W N CERTIFYIN YES	ERE FINDI	NGS USE	H?
	PART 2. O 19a DATE C 21a. ACCIDE OR CONTRIE (IF EITHER 21d. INJUR	THER SIGN THER SIGN	IN I	DUE TO, OI (c) ONDITIONS CO 196 CONDI 216. TIME O HOUR AJ 216. PLACE O	ONTRIBUTING TO TION FOR WHICH FINJURY M. MONTH D	DEATH BUT N H OPERATION DAY YEAR 19	WAS PERFORMED	20a AUTOF	NO X	Ob. IF YES, W N CERTIFYIN YES [N ITEM IB PART	ERE FINDI	NGS USER OF DEAT NO	H?
MEDICAL CERTIFICATION	PART 2. O	e to imm o), stofing g couse THER SIGN OF OPERAT ENT WAS UND BUTING C NOTIFY MEDIC	IFICANT C	DUE TO, OI (c) ONDITIONS CO 196 CONDI 216. TIME O HOUR AJ 216. PLACE O	DITRIBUTING TO	DEATH BUT N H OPERATION DAY YEAR 19	WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION	20a AUTOF	NO Z	Ob. IF YES, W N CERTIFYIN YES [N ITEM IB PART	ERE FINDII G CAUSES] I OR PART 2)	NGS USER OF DEAT NO	H?
	gove riscouse (couse (co	e to imm o), stating g couse THER SIGN FOPERAT ENT WAS UND BUTING CR NOTHY MEDIC AT WOR AT WOR Fy that (I)	ERLYING AUSE OF DEA	DUE TO, OI (c) (c) (d) 19b CONDI 21b. TIME O HOUR A P 21e PLACE (AT HOME STR	DITRIBUTING TO	DEATH BUT N H OPERATION DAY YEAR 19 FARM ETC)	WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET	200 AUTOF YES	DE OF INJURY I	NOB. IF YES, WIND CERTIFYIN YES [NITEM 18 PART	COUNTY	NGS USEI OF DEAT NO	TATE
	gove ris couse (couse (e to immon, stating g couse THER SIGN DF OPERAT ENT WAS UND SUITEM MEDIC Y OCCURR NOT WHAT AT WOR Fy that (1) (was to	RED TO SPIT IN THE PROPERTY IN	DUE TO, OI (c) (c) (d) 19b CONDI 21b. TIME O HOUR A P 21e PLACE (AT HOME STR	TION FOR WHICH FINJURY M. MONTH D M. DF INJURY EET, FACTORY OFFICE. e deceased from	DEATH BUT N H OPERATION DAY YEAR 19 FARM ETC)	21c HOW INJURY OCCUR 21f LOCATION STREET 19 4 that in (my) Loof aprinted	200 AUTOF YES	DE OF INJURY I	NOB. IF YES, WIND CERTIFYIN YES [NITEM 18 PART	COUNTY	NGS USEI OF DEAT NO [TATE
	gove riscouse (course (course (course)) PART 2. O 19a DATE C 21a. ACCIDIA OR CONTRIB (IF EITHER 21d. INJUR WHILE AT WORK 22a.1 certi	e to immon, stating g couse THER SIGN DF OPERAT ENT WAS UND SUITEM MEDIC Y OCCURR NOT WHAT AT WOR Fy that (1) (was to	RED TO SPIT IN THE PROPERTY IN	DUE TO, OI (c) (c) (c) (d) ONDITIONS CC 196 CONDI 216. TIME O HOUR A P 21e PLACE ((AT HOME STR	TION FOR WHICH FINJURY M. MONTH D M. DF INJURY EET, FACTORY OFFICE. e deceased from	DEATH BUT N H OPERATION DAY YEAR 19 FARM ETC)	21c HOW INJURY OCCUR 21f LOCATION STREET 19 4 that in (my) John opinion	200 AUTOF YES	DSY? JIRE OF INJURY I CITY OR TOWN on the date	Ob. IF YES, W. N CERTIFYIN YES [N ITEM 18 PART	COUNTY	NGS USEI OF DEAT NO [TATE
	gove riscouse (course (course)) PART 2. O 19a DATE C 21a. ACCIDIO OR CONTRIB (IF EITHER 21d. INJUR WMILE 12d. 1 certi sow 1 obove 22b. SIGN,	e to imm o), stating g cause THER SIGN OF OPERAT ENT WAS UND ON OTHER WEDIC Y OCCURR AT WOR fy that (I) (we) the ATURE	INFICANT C INFICA	DUE TO, OI (c) ONDITIONS CO 19b CONDITIONS TH HOUR A.I. 21e PLACE (AT HOME STR (a) view the body	TION FOR WHICH FINJURY M. MONTH D M. DF INJURY EET, FACTORY OFFICE. e deceased from	DEATH BUT N H OPERATION DAY YEAR 19 FARM ETC)	21c HOW INJURY OCCUP 21f LOCATION STREET 19 4 that in (my) formion EGREE ATTENDING PHYSICIAN	200 AUTOF YES	DSY? JIRE OF INJURY I CITY OR TOWN on the date	Ob. IF YES, W. N CERTIFYIN YES [N ITEM 18 PART	COUNTY	NGS USEI OF DEAT NO [TATE
	gove riscouse (course (course)) PART 2. O 19a DATE C 21a. ACCIDIO OR CONTRIB (IF EITHER 21d. INJUR WMILE 12d. 1 certi sow 1 obove 22b. SIGN,	e to immon, stating g couse THER SIGN DF OPERAT ENT WAS UND SUITEM MEDIC Y OCCURR NOT WHAT AT WOR Fy that (1) (was to	INFICANT C INFICA	DUE TO, OI (c) ONDITIONS CO 19b CONDITIONS TH HOUR A.I. 21e PLACE (AT HOME STR (a) view the body	TION FOR WHICH FINJURY M. MONTH D M. DF INJURY EET, FACTORY OFFICE. e deceased from	DEATH BUT N H OPERATION DAY YEAR 19 FARM ETC)	21c HOW INJURY OCCUR 21f LOCATION STREET 19 4 that in (my) John opinion	200 AUTOF YES	DSY? JIRE OF INJURY I CITY OR TOWN on the date	Ob. IF YES, W. N CERTIFYIN YES [N ITEM 18 PART	COUNTY	NGS USEI OF DEAT NO [TATE
WEDICAL MEDICAL	gove riscouse (couse (couse (couse (couse (couse (couse (couse)))))) 19a DATE C 21a. ACCIDIO OR CONTRIBUTE (IF EITHER 21d. IN JUR WHILE 22a. I certi obove 22b. SIGN.	e to imm o), stating g couse THER SIGN THER SIGN OF OPERAT ENT WAS UND BUTING C COURT NOTIFY MEDIC YOUNG AT WORK AT WORK CIAN'S NA PAUL EMATION L	HEROLOTE CONTROL OF THE CONTROL OF T	DUE TO, OI (c) 19b CONDITIONS CC 19b CONDITIONS	TION FOR WHICH FINJURY M. MONTH D M. DF INJURY EET, FACTORY OFFICE. ofter death.	DEATH BUT N H OPERATION DAY YEAR 19 FARM ETC) DD	21c HOW INJURY OCCUP 21f LOCATION STREET 19 4 that in (my) formion EGREE ATTENDING PHYSICIAN	200 AUTOF YES	On the date STAFF PHYSICIA HSSM	N IF YES, W N CERTIFYIN YES [N ITEM 18 PART	COUNTY COUNTY The Date	NGS USEI OF DEAT NO [TATE
WEDICAL MEDICAL	gove riscouse (i underlyin underlyin PART 2. O 19e DATE C 21e. ACCIDE OR CONTRE (IF EITHER IT WORK I STORY I SONY 1 SONY 22e. I certi sow 1 sony 22e. I certi sow 22e. I certi sow 22e. I certi sow 22e. I certi soy 22e. I certi	e to imm o), stating g couse THER SIGN THER SIGN OF OPERAT ENT WAS UND BUTING C COURT NOTIFY MEDIC YOUNG AT WORK AT WORK CIAN'S NA PAUL EMATION L	HEROLOTE CONTROL OF THE CONTROL OF T	DUE TO, OI (c) 19b CONDITIONS CC 19b CONDITIONS	TION FOR WHICH FINJURY M. MONTH D M. DF INJURY EET, FACTORY OFFICE. ofter death.	DEATH BUT N H OPERATION DAY YEAR 19 FARM ETC) DD	216 HOW INJURY OCCUR 216 LOCATION STREET 19 1 that in (my) formion EGREE ATTENDING PHYSICIAN 22e ADDRESS GOOD SAMM METERY OR CREMATORY	200 AUTOF YES RED (ENTER NATE death accurred MEDICAL DIRECTOR 234 LOCAT	ON THE OF INJURY I	N IF YES, W N CERTIFYIN YES [N ITEM 18 PART	COUNTY	NGS USEI OF DEAT NO [TH?

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carbon adopt with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



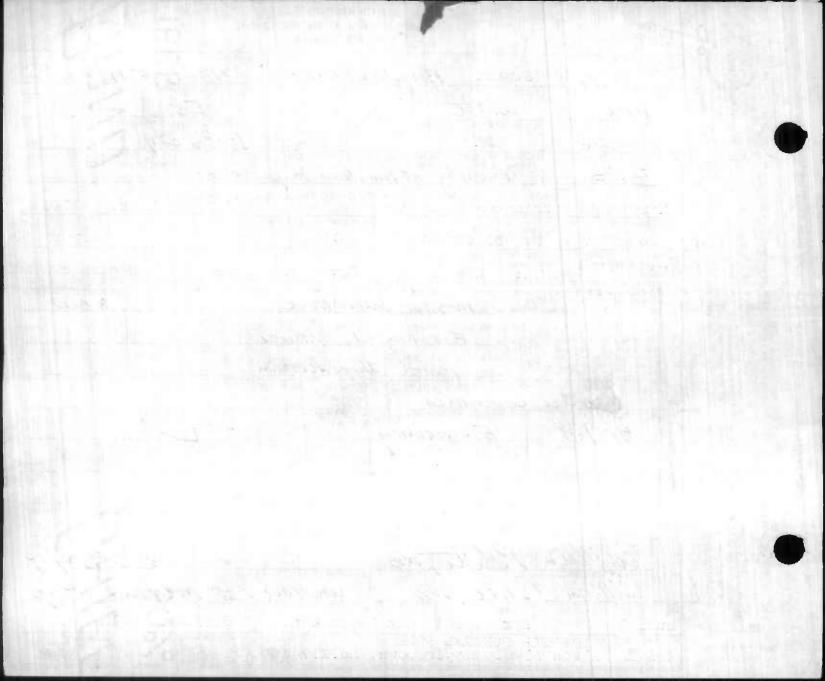
STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGIENE 4

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).	
1		CEASED NAME THU	MIDDLE	Į,	ASI	20. DATE OF DEATH	MONTH DAY YE	AR 2b HOUR
	17196	Regenold	Stuart	BLINKO	MSTAFF	Ami	1 5 19	84 11 55 pm
1	1. SEX		4. RACE	5 DATE C		6. AGE (IN YEARS LAST BIRT		YEAR # UNDER 74 HRS
9	1	MALE	white	MONTH	0 30 25	58	S- YRS	AVS HOURS MIN.
2		STHPLACE LITTLE DEFOREGRE COUNTRYS	76. CITIZEN OF WHAT CO	DUNTRY? 8.	NEVER MARRIED	9 BALTIMORE SITY O	R COUNTY OF DEAT	Н
2	1	Maryland	USA	WIDOWE		ISAlto	city	MD.
V	/ CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY,		OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		ND OF BUSINESS OR
2	1	15/10/	Ceneversi	5 OF MA	ylund Hosp	farmer		
5	13e.5	laryland Was	NTY 13t. CITY Shington Ha	ORTOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 119 Peac		21740
11	14. FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST
		Toncilau		enstaff	Olive	MIDDLE		Pryor
0	16a W	VAS DECEASED EVER IN U.S. AL		CIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	
4	Ÿ		V.I: 216-	-22-8657	Joyce M. 1	Blickensta		
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one couse per line for t	a), (b), and (c)	/		BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
			TE CAUSE 10)	355/VE H	wor my			3 res
	-	5715	DUE TO, OR AS A C	ONSEQUENCE OF				
		Conditions, if ony, which	((b) E	SOPHAGE	al VARILE	1		
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A C	ONSEQUENCE OF	., ,			
	7-1	underlying couse lost.	(c)	Portest 1	by pertensin	n	_534	
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RI Ito
	ō	Nepatie	cerrher	es	THE RESERVE ASS.			
1	CAI	19a DATE OF OFERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	
	CERTIFICATION	4/5/84	EMO	ngency		YES NO	YES 🗌	NO 🗌
A	Ü	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	NTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM TE PART I OR PA	RT 2)
	AL	OR CONTRIBUTING CAUSE OF DE	AIR	19				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUI		211 LOCATION	CITY OR TO	wn coun	TY STATE
	Z	WHILE NOT WHILE AT WORK	IAT HOME STREET, FACTO	RY, OFFICE, FARM, ETC.)	JINCET			
		22a 1 certify that (I) (this hosp	oital) ottended the deceos	ed from	, 19	, to	. 19	, that (I) (we) lost
		sow the deceased alive or above, (1) (we) (did) (did n	ot) view the body ofter dec	19, or	nd that in (my) (our) opinion	deoth occurred on the de	ote and hour and from	n the couses stated
		226. SIGNATURE	211		DEGREE			DATE SIGNED
		William	Polit	NIN , MID	ATTENDING PHYSICIAN	MEDICAL STAF		4/5/14
F	- 9	22d. PHYSICIAN'S NAME (TYPE	OR PRINTLY		22e ADDRESS	1 1 .	7	1 11
		W11/19m	16/1101	MO	univensi	ty DE M	Hyland	dross
		SURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION	TAT COUNTY	MA STATE
			Apr. 9,19		Haven Cem.		own,Wash	
		UNERAL DIRECTOR MINN				E REC'D. BY REGISTRAR	THE STATE OF	NATURE
	41	D E. WIISON	prva., Had	gers town,	, Md.21740p	K 1 2 1984	That Him I do	TOWN THE PROPERTY OF THE PARTY

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove corban papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event,



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injury, or other troumatic

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

3. SEX

Dr. Norman R. Freeman, M.D.

74 FUNERAL DIRECTOR Henry W. Jenkinson & Sons Co.

4-12-84

23b. DATE

4905 York Road Balto., MD

FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAN EALTH AND ME ICATE OF DEA	NTAL HYG	RE	0 9 g. no.	1	วี		
DECEASED NAME	FIRST	A	MDDLE	t.	AST		20. DATE OF DEA	HINOM HT	DAY	YEAR	25 HOL	JR
N	IARG	ARET	E.	BL	OCHER	2	April	9, 198	34		3%	30 Pm
SEX		4 RACE		5. DATE C			6 AGE IN YEARS L	AST BIRTHDAY)	MON1	NDER I YEAR	# UNDE	R 24 HRS
Female		White	€	May		YEAR 899	84	YRS		M3 DATS	HOURS	M IIV,
BIRTHPLACE (STATE OR FO	REIGN	Th CITIZEN OF	VHAT COUNTRY?	8 MARRIEI			9 BALTIMORE C	ITY OR COUN	ITY OF	DEATH		
Maryland		U.S	.A.	WIDOWE		RCED	Balti	more	City	У		MD.
CITY OR TOWN OF DEAT	Н	11. NAME OF H	OSPITAL, NURSING		R OTHER INSTITU	ITION	12a USUAL OCCU			124 KIND C	OF BUSIN	ESSOR
Baltimore	∍	Long (Green Nu	irsin	a Center	^	Home	maker		Own	Hor	ne
USUAL RESIDENCE (15 MURSIN 130, STATE	IGHOME OR I		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Balto	٧	13d. INSIDE CITY YES 🗽 N	LIMITS?	13e.STREET ADDR	ress / zip co Univer		/ Pk	···	2121
4. FATHER'S NAME FIRST William	_	ven E	Blocher		15 MOTHER'S M	t	ME Hughl	ett		annin	ST	
60. WAS DECEASED EVER IT		WAR OR DATES)	166 SOCIAL SECUR 214-40-4		Thomas	ıs Sc	hmidt,	Balto	ο.,			
18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSEL MMEDIATI	S BY: E CAUSE (0)	CONSTOLE	es K	relan	ew.	t fai	lare	2	3	CINSET AND	Yearn .

4300 N. Charles St. At. 5G

23d LOCATION

Balto.

APR 1 2 1984 June Dartes Signature

STATE

Md

	LIK21	WIDDIE	LASI	FIRST	MIDDLE	1	TASI
1	William	Owen	Blocher	Emma	Hughle	tt B	anning
		N U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADI	DRESS	
	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	214-40-4258	Thomas	Schmidt,	Balto.	, MD
	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	AS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, C which lediote g the lost. (c)	DR AS A CONSEQUENCE OF	sclero	Lie Kent	Para derin	1.3 y
TIFICATION	19a DATE OF OPE	strys	ONTRIBUTING TO DEATH BUT	NOT RELATED THE	20a AUTOPSY?	20b. IF YES, V IN CERTIFYI	WERE FINDINGS USED NG CAUSES OF DEATH?
CAL CERTI	210. ACCIDENT WAS UNDO OR CONTRIBUTING C	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY O	OCCURRED (FINTER NATURE OF P	NJURY IN ITEM IB PAR	T 1 OR PART 2)
MEDI	21d INJURY OCCURR WHILE NOT WHI AT WORK AL WOR	ILE JATHOME S	OF INJURY TREET FACTORY OFFICE FARM ETC.)	211. LOCATION STREET	CITY OF	RIOWN	COUNTY STATE
	22a 1 certify that (1) sow the decease		ST11	ECHA	pinion death occurred on the	330	and from the couses stated
	22d PHYSICIAN'S NA	ME (TIPE ON PRINT)	emale	PHYSIC		SICIAN []	14/10/89

23c. NAME OF CEMETERY OR CREMATORY

Lorraine Park

21212

should be detached for use as the bu with the State Dept. af Health and M O FUNERAL DIRECTOR

MPORTANT: If Item 21 is

DHMH - 16 50M 4/B3 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ...

1	-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG		7 1	2)	la .
	1. DECI	EASED NAME PIRST	MIDDLE	3100	ast	REG. NO 20. DATE OF DEATH APRIL 11	MONTH DAY	YEAR	26. HOUR 8
	1 SEX	MALe	4. RACE W HITE	5. DATE C	DAY YEAR	6. AGE IN YEARS LAST BIRT	YRS.		HOURS MIN.
	cc	MARYLAND	7b. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN	WIDOWE	D DIVORCED	9. BALTIMORE CITY O	. CH	5	MD. F BUSINESS OR
2	1	rutto.	(IF NOT IN SUCH PACHLITY, GIVE STREET	ADDRESS)	1 1	Cooperation	KING LIFE) IN	RETAI	
)	13a. ST	TE 13b. COUN			13d. INSIDE CITY LIMITS? YES NO		herdral	56	21201
9		LOUIS	BLOCK BLOCK		LENA	WIDDIE		KRAME	R
		AS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SECTION DATES	5-908	17. INFORMANT MELV	4 4	RUBIN		#21215
		PART I. DEATH WAS CAUSED HIMMEDIAT Conditions, if any, which gove rise to immediate cause toil, stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	ENCE OF UNIT DEATH BUT					
	CERTIFICATION	9a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WE IN CERTIFYING YES		
	CAL	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH D	AY YEAR	216. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI			
١		MOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC)	STREET	CITY OR TO	wn C	YINDO	STATE
		saw the deceosed alive on, above, (IV/wa) (did) (did not 22b. SIGN A like)	t) view the body after death.	9,01		MEDICAL STAF	F	,	
		22d PHY JAN'S NAME (TYPE OF	Hettleman	NAME OF C	EMETERY OR CREMATORY	123d. LOCATION	tal		
		PERAL DIRECTOR SOL I		MIKRO	KODESH-BETH I	SRAEL BALT	IMORE COL	MAR MAR	RYLAND
	P (4)		LEVINSON & BROS.		AP	R 1 6 1984	Gulia Davi		

DHMH - 16 50M 4/82 (VRA 15, 4)

6010 REISTERSTOWN

TO FUNERAL DIRECTOR, After this should be definished for use or the buy-with the State Dept. of Health and M. MEORTANT, If them 21 is marked or

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE 4

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WILLIE L. BLOODSAW APRIL 21, 1984 Solic of Birth Sol			MIDDLE	t	AST				DAY YEAR	26 HOUR	_
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Male The bilinghame Black 12 3 0.4 7.9 7.85 7.95	3. 5	SEX	4 RACE			VEAD	6. AGE (IN YEARS LAST BIR	(YACHTY)	MONTHS DAYS	HOURS MIN	_
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BALTIMORE 3531 OLD FREDERICK ROAD USSUAL RESIDENCE (IF MUSERCHOM COBOTER INSTITUTION CONTRIBUTION CONTRIBUT			U.S.A.				BALTIMO	RE C	ITY,	Α	MD.
DUSTAL RESIDENCE # PRUBBACH CHOIC OCCIDENT MISH CITY OF TOWN 136 KITY LIMITS? 13	70.		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)						OF BUSINESS C	OR
18 STATE 18 COUNTY 18 CITY ORTOWN Maryland 18 CITY ORTOWN 18 STREET ADDRESS / 18 COUNTY 18 STREET ADDRESS / 18 STREET ADDRESS / 18 COUNTY 18 S	44				CK ROA				01000		_
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TES 18 CAUSE OF DEATH LETTER only one couse per line for 101, (b), and IC.) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 103	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU				ADDR	EŚS			
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OR CONTRIBUTING CAUSE OF DEATH IN EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED The PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM. ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY	TIFICATIK	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED		IN CERT	TIFYING CAUSES		
PHYSICIAN (DIRECTOR PHYSICIAN) PHYSIC		OR CONTRIBUTING CAUSE OF DI (1) EITHER, NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHITE NOTIWHITE AT WORK 27d. I certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did)	HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC)	211. LOCATIO STREET	, 19 (aur) opinian d	CITY OR TO	SUL late and ha	COUNTY	that (I) (we) lo	ost .
BURIAL 4/26/84 Arbutus Mem. Pk. Arbutus, COUNTY 24 FUNERAL DIRECTOR NAME ADDRESS	1	22d PHYSICIAN'S NAME (TYPE	OR PRINT}		P	HYSICIAN X	MEDICAL STA	FF CIAN []	2101	113/84	<u>_</u>
BURIAL 4/26/84 Arbutus Mem. Pk. Arbutus, COUNTY 24 FUNERAL DIRECTOR NAME ADDRESS	1	D.S.	SAWHNE	1	74	22 B	4ABIV	d	1 Jung	mul	
Wm C March F/H Inc. 1101 E North Avenue APR 24 1884 Company of the	734					. Pk.	Arbutus			Mď.	
		NAME	Inc. 1101 E	North	Avenu	250. DATE	2 4 984	AL REGI	TRARY SIGN	white	L

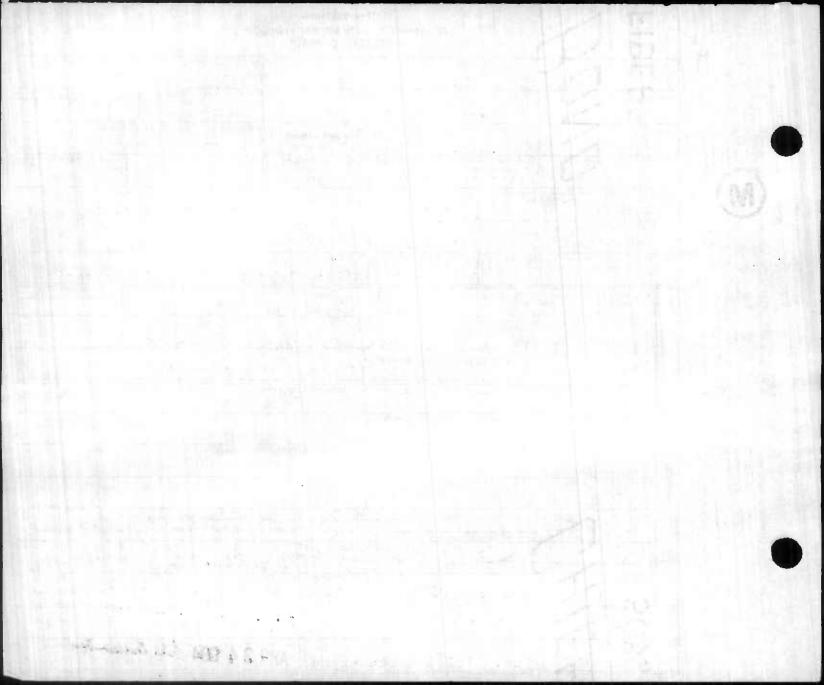
DHMH - 16 50M 4/B3 (VRA 15, 4)

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TO FUNERAL DIRECTOR.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

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D	C NO			

	REGISTRAR		MED	ICAL EXAMI	NER'S	CERTIFIC	ATE O	FDEATH	REG. NO.			
	ECEASED NAME	FIRST		WIDDIE		LAST		2a. DATE OF	KNOWN D	MONTH DA	20	2b. HOUR
,	THE ORTHINITY	Meyer	11	'NMN''	В	lum			MATED XX	4-22	19 84	M
3 S	EX 4		DATE OF BIRTH	6. AGE (IN)			HOURS	24 HRS. 2c. DATE		MONTH DA	Y YEAR	2d. HOUR
A	lale	White	Sept.30	118 65	Mort	DATS	HOUKS	DEAD		4-25	1984	10:00
7 7a	BIRTHPLACE (STATE	E OR	L CITIZEN OF WHA	AT COUNTRY?	8. MARR	RIED NEVI	R MARRIE	9. BALTIM	ORE CITY OR	COUNTYO	FDEATH	
4	Mary lan	d	U.S.	Α.	WIDOV		DIVORCE		timore			MD
1D.			(IF NOT IN SUCH FACE	PITAL, NURSING HOA)	HER INSTITUTI	ON	12a. USUAL OCCUP FOR MOST OF WOR		FWORK 12b	OR INDUST	ISINESS RY
1	Baltimor			akley Aver				Print	er (REI		ress	
	STATE	136 COUNTY		E RESIDENCE BEFORE ADMIS		134. INSIDE CIT	LIMITS?	13e STREET ADDRE	ss	21	1215	
	laryland			Baltimo	re	YES	NO []		Dakley	Aver	nue	
214	FATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER	'S MAIDE	NNAME	IODLE		LAST	
4	Meyer			Blum	1777.100	-	ther		- ADDOORES		Gerbe	
	WAS DECEASED E			16b. SOCIAL SECUR		17 INFORM		39. N. 1				24
	YES		W. II		8775	MS.	Vivi	an Coro	nado (DAUGH		
		DEATH (Enter only TH WAS CAUSED I	one cause per line f		otic (Cardia	72001	lar Dicoa	60	86	APPROXIMAT ETWEEN ONSE	T AND DEATH
	47	G IMMEDIATE	CAUSE (0)	eriosclero		Cardio	ascu	Tar Disea	.SE			
	Conditions,	if any, which	DUE TO, OR A	AS A CONSEQUENCE	E OF							
1		to immediate ating the under-	(b)	AS A CONSEQUENCE	. 0.5							-
	lying cause		DOE TO, OR A	13 A CONSEQUENCE	E OF							
	PART 2 DTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING 1D DEATH RI	UI NOT RELATED ID THE TEI	PMINAL DISEAS	SE OR CONDITION	CIVEN IN DAD	PT 1 is				
Z					MILITE DISER	JE OR CONDINION	ZIVEN IN I MA					
7 5	19a. DATE OF O	PERATION	196. CONDITI	ION FOR WHICH OPE	RATIONV	VAS PERFORM	ED?			20	AUTOPSY	?
CEPTIFICATION										25	YES 🗌	NOXX
7 8	2) a EXTERNAL		216 TIME OF			IOW INJURY O	CCURRE	D LENTER NATURE OF INJ	URY IN ITEM 18 PAR	TTORPART2)		
		OR CAUSE OF DE		MONTH DAY YEA	AR							
MEDICAL	21d INJURY OC		21e PLACE OF	FINJURY (AT HOME,		CATION						
1 2		NOT WHILE	STREET, FACTO	ORY, FARM, ETC)		STREET		CITY OR TO	WN	COUNTY		STATE
		that I tack shores	of the complete date	ribed obove, held an	Autor		Inspection	MX Inquiry		in my opinion		
	death resulted				ouicide	Hamicio		Undetermined ma		п ту ортоп		
	dediti resolted	10 10	7	Accident		TITLE (SPI		ondere mine a me				
	ACTUAL SIGNATURE	2/1/4	7)		٨	AD Assi		MEDICAL EXAM	INFR	DATE SIGNED	4-25	-84
7/		1								3,0,1,2,2		
	EXAMINER'S NA	Grego	ry R. Kau	ıffman, M.	D.	ADDRESS	1	11 Penn S	treet			
230	BURIAL, CREMATIC			23c NAME OF C	EMETERY C	OR CREMATOR	Y	23d LOCATION		COUNTY	S	TATE
	Buri		6 APR'8	4 Workm	an C			Baltin		Ma	ryla	
100	FUNERAL DIRECTO		ADDRESS	-				EC'D. BY REGISTRA	R 250 REGIST	RAR'S SIGN	ATURE	,
	HEBREW	MEMORIA	L FUNER	AL HOME,	BALT	IMORE	,四日日	26 1984	Julia De	mason-	Martano	

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

BP.

urfat 25 April Johannan Circle Cor. altipore Maryland

and Mental Hygiene prior to burial, cremation, or removal

urial-transit permit.

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health. etained by the hospital

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IMPORTANT: If He

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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- STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.			
1. DECEASED NAME ERST	MIDDLE	Į,A	ST	20. DATE OF DEATH MONTH	DAY	YEAR	2b. HOUR
TYPE OR PRINT) DOLORES	BOLA	ANDER		4-18-84			3:45
3. SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTH MONTH	DER I YEAR	IF UNDER 24 HRS
Female	White	MONTH 3	29 1901	83 Y	RS.	HS DAYS	HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED	Baltimore CITY OR COL			
Maryland O CITY OR TOWN OF DEATH	USA III. NAME OF HOSPITAL, NURS	WIDOWE		12a. USUAL OCCUPATION		<u> </u>	OF BUSINESS OR
Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET			(TYPE HOUSEWIFE			aking
13a. STATE 13b.CC	or other institution, give residence before unity or to the large and the control of the control		13d. INSIDE CITY LIMITS? YES NO.	130 STREET ADDRESS / ZIP (4232 Caldwell		. 212	236
FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WE			
John	Jone	s	eirst Marv	L.		IAS	ield
160 WAS DECEASED EVER IN U.S.		URITY NO.	17. INFORMANT	ADP208	Moles	swort	h Rd.
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 214-18	_0274	Yvonne M. Mc	Dankt	on, Mo	d. 21	.120
Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUENCE (c)		's me	TAPLAS.	///		
	SCEED/	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION MYELL	GIVEN IT	BR I	OSNi
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	IN C	ERTIFYING		NGS USED OF DEATH?
OD CONTROLOUS CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	YES NO	YES	ORPART 2)	NO 🗌
WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE	E, EARM, ETC)	21f. LOCATION STREET	CITY OR TOWN		COUNTY	STATE
now the deceased wires	(glital) operated the documed from (9)	17/2/	d that in (my) (our) opinion	to 4/18/84 death occurred an the date and		d from the	1
23s. SIGNATURE	wer	C	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		271. DATY	8/84
THE PHYSICIANTS NAME (1)	H OF MINH!	-	12e ADDRESS 54 SC	cott Adam Ro	ad	/	/
Tanie R	Rivers M D		01		040		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Burial

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

23b. DATE

4-21-84

23c. NAME OF CEMETERY OR CREMATORY Gardens of Faith

Cockeysville Md
EMATORY 23d. LOCATION
CITYOR TOWN

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DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYORNE

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	1 -	FOR STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL H	IYOHENE	REG. NO.	,	7.1
		CEASED NAME FIRST	MI	DDIE		AST	2a. DATE O	FDEATH MONTH	DAY YEAR	26 HOUR
П	{TYPE	OR PRINT)		C	DO	TATA	3.70.77	TT 20 10	0.4	2.4024
9	3. SEX	GEORGE	4 RACE		BON 5. DATE (APR	L 20 19	# UNDER 1 YEAR	2:48A M
900		Male	White		MONT		65	YRS	MONTHS DAYS	HOURS MINL
2000	7a. BII	RTHPLACE (STATE OR FOREIGN COUNTRY) WWW. YORK	7b. CITIZEN OF W		MARRIE WIDOW	D NEVER MARRIED DIVORCED [BALT	PRECITY OR COUNTY	TY OF DEATH	MD.
	100	ALTIMORE		HNS HOP		HOSPITAL	(TYPE OF WOR	OCCUPATION REFORMOST OF WORKING Ced Sanita	L#E) INDUSTRY	
8	13a S	ALRESIDENCE (# NURS OF NUC STATE Lordia	17Y	ive residence before 3c. CITY OR TOWN <u>ew Port</u>	٧		229	ADDRESS / ZIP CO Lakewood		9999
1	II. FA	THER'S NAME FIRST Edward	MIDDLE P	last Onnu		15. MOTHER'S MAIDEN I		MIDDLE	Droll '^	ST
9		VAS DECEASED EVER IN U.S. AR	MED FORCES? 1	6b. SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRESS		
5	{Y		e WAR OR DATES)	123-05-4	668	Mrs Anna	M Bonny	3 Sam	e As 13	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per li D BY: E C AUSE (a)	0.00	>IAC	INSURF	CLEDE	Ý	BETWEEN	MATE INTERVAL ONSET AND DEATH
Thomas .		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	AS A CONSEQUE SEPTI AS A CONSEQUE	(C)	SHOCK				
J	NOI	PART 2. OTHER SIGNIFICANT	ONDITIONS CON	PATT VE F	ASC			SE OR CONDITION G		
2	CERTIFICATION	190 DATE OF OPERATION 3/2/84		ON FOR WHICH O		N WAS PERFORMED	20a AUTO	IN CER	ES, WERE FINDI	
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M		Y YEAR	21c HOW INJURY OCC	URRED (ENTERNA	ATURE OF INJURY IN ITEM II	B PART I OR PART ?)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O					CITY OR TOWN	COUNTY	STATE
		27a 1 certify tha (II) this haspi saw the deceased glive an above (I) (ive did) tolid no			a.,	, 19, 19	an death occurre	4 1-0 ed on the date and h		that (I) (we) last causes stated
		22b. SIGNATURE	linistas	2h	V	DEGREE ATTENDING PHYSICIAN		STAFF PHYSICIAN	22c. DATE	120/84
		22d PHYSICIAN'S NAME (TYPE O	Α	TORH		220 ADDRESS	N. 3	ROPPOR	4	
	23a. B	SURIAL, CREMATION, REMOVAL SPECIFY, Burial	23b. DATE 4/24/84			EMETERY OR CREMATOR Lawn Mem. Ga		New Port	Richey	Flastate
		UNERAL DIRECTOR NAME Onard J Ruck I	nc. Balt	ADDRESS	arula	A E	PR 23	REGISTRAR IN REGI	STARS SIGNA	Parole BL



within 24 hours of TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Högene prior to burial, cremotian, or removal. requires that the death certificate be executed OR ATTENDING PHYSICIAN: The low

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IMPORTANT: If them 21 is morked or Item 18 shaws any injury, or ather troumotic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

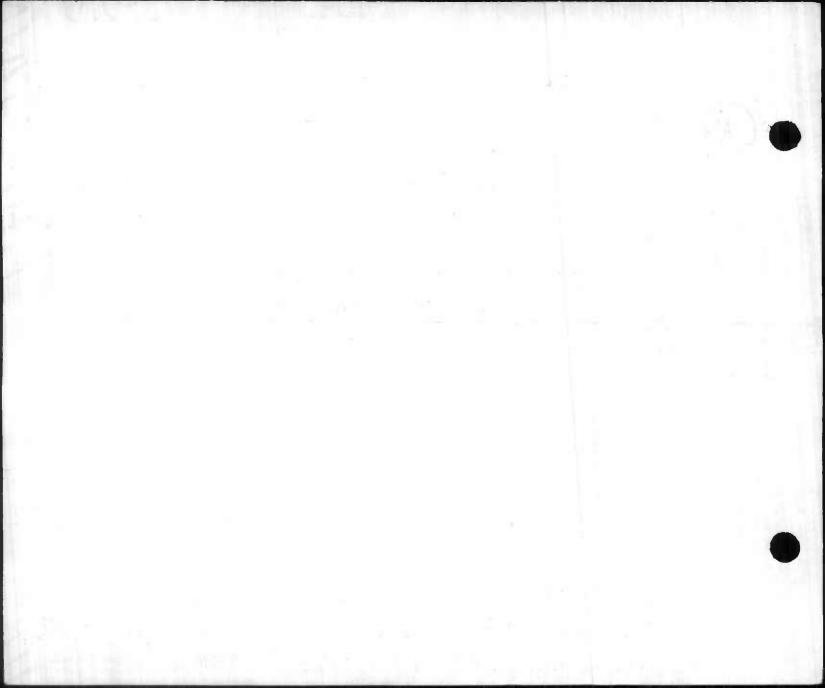
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FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO) , , , , , , , , , , , , , , , , , , ,		
1. DECEASED NAME FIRST	MIDDLE	ı	AST			DAY YEAR	2b. HOUR
(TYPE OR PRINT) CAMIL	10	BORR	1150	APR	TI 11	1984	7:20a M
3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		IE UNDER I YEAR	IF UNDER 24 HRS
MALE	WHITE	MONTH		0.1		MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VIRY? 8	23 02	8 1 9 BALTIMORE CITY O	P COUNT	OFDEATH	
COUNTRY		MARRIE	D NEVER MARRIED	BALTIMO	_		
ITLY 10 CITY OR TOWN OF DEATH	U.S.A.	WIDOWE		120 USUAL OCCUPATI			MD. OF BUSINESS OR
BALTIMORE	VA MEDICAL CI	ENTER BA		TYPE OF WORK FOR MOST O			
USUAL RESIDENCE (# NURSING HOME 130. STATE MARYLAND		E BEFORE ADMISSION) R TOWN MORE	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 2311 Rosly	ZIP CODI		Md 21216
14 FATHER'S NAME FIRST UNKNOWN	MIDDLE LAS	51	15. MOTHER'S MAIDEN NAV EIRST UNKNOWN	WE		LAS	л
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS		
		4 4938	RECORDS-VA	MEDICAL CEN	NTER		
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CQN	SEQUENCE OF	iratory arresz Onia				
	t conditions <u>contributin</u>	G TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIV	VEN IN PART 16	a ·
190, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES ▼ NO□	IN CERTI	S, WERE FINDING CAUSES	
	DEATH	H DAY YEAR	21c HOW INJURY OCCURE		_		
OR CONTRIBUTING CAUSE OF I	21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, C	DEEKCE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
saw the deceased alive	spital) attended the deceased on April 11.	G A	1 26 , 19 84 and that in (X y) (our) apinian (ta April death occurred on the do	ate and hou		that (we) last causes stated
22b. SIGNATURE	Josum		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE	SIGNED
224. PHYSICIAN'S NAME (TYP			22e ADDRESS				
ELIZABETH ROO	GEKS M.V.		3900 Loch Ro	aven Blud. 1	Balto	Md 212	18
BULLAL BULLAL	AL 234 DATE 6-84	136 NAME OF C	A CEMETERY OR CREMATORY	220 LOCATION CITY OR TOWN	ille	Md. 6	U032
LRVIN CARR	10/1 17/2t	v.Noet	HAVE AP	R2 3 1984	whia D	widson-A	andelle

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physician.

TO HOSPITAL

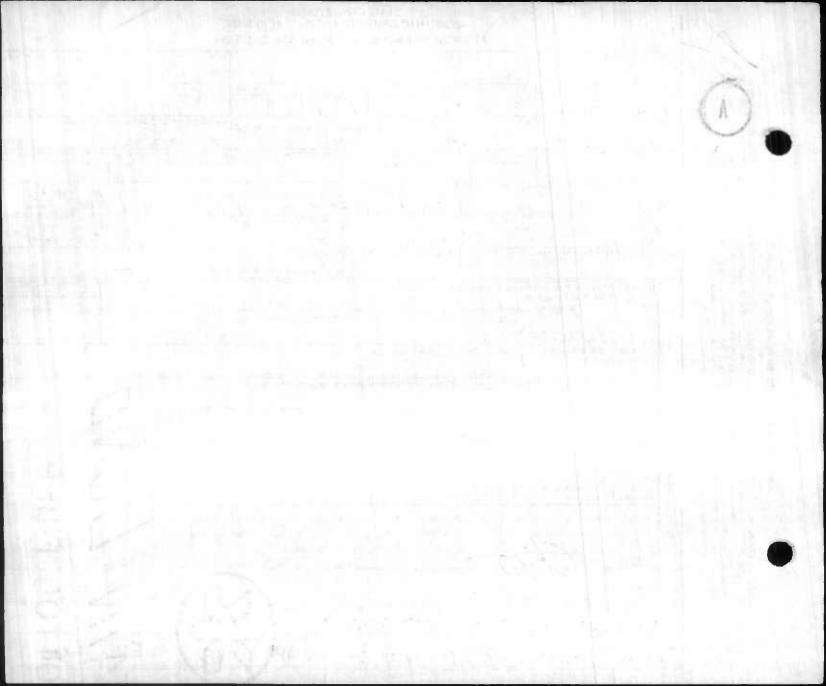


BP_ **DHMH - 17** (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

U	7	1	- 2

	1-	STATE REGISTRAR		MEDICAL EXAMIN	ER'S CERTIFI	-		۷0.		
		CEASED NAME E OR PRINT)	FIRST	WIDDLE	LAST		20. DATE KNOWN	MONTH	DAY YEAR	26 HOUR
	(1177	E OR PRINT)	Ebony		Bosley		OF ESTI- DEATH MATED	<pre>0 4/5/</pre>	84 19	1
	3. SEX	male Z	Black 5.	DATE OF BIRTH ANNIH AN	ARS IF UNDER TYR.	HOURS MIN.	PRONOUNCED DEAD	4/5/	84 19	34 HOU A A
9	FO	RTHPLACE (STATE REPRESENTED IN COLUMN TRY)	land	CITIZEN OF WHAT COUNTRY?	WIDOWED [DIVORCED	Baltimore	e City		M
7	B	altimore		NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Sinai Hospital			SUAL OCCUPATION (1 OR MOST OF WORKING LIFE)	TPE OF WORK	OR INDUSTI	
5	130. 5	Md.	IN NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IN THE PROPERTY OR TOWN	DOTE YES E	NO 0 4	1008 Oak	Ford A	Tve. AF	B
1		lerou		Coleman	SI	ier's maiden nam first Janan	Denis	e, 5	Bos/	e1/
	16a. V	VAS DECEASED E' ES, NO. OR UNKNOWN	VER IN U.S. ARMED (IF YES, GIVE WAR			nan Be	sley ADDRES	5/A		1
	NO.	Conditions, gove rise cause (a) sto lying cause I	FICANT CONDITIONS CONT	AUSE (0) SUDGEN INTAL DUE TO, OR AS A CONSEQUENCE OF THE TOP OF THE TERM (6) CO SUBUTING TO DEATH BUT NOT RELATED TO THE TERM	OF OF INAL DISEASE DR (DNDITID	DN GIVEN IN PART 1 -a			BETWEEN ONSE	
	IIFICA1	190 DATE OF OF	PERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFOR	₹MED?			20 AUTOPSYS	NO 🗆
	MEDICAL CERTIFICATION		OR CAUSE OF DEA			OCCURRED (ENTE	ER NATURE OF INJURY IN ITEM I	8 PART I OR PART	()	
	MED	WHILE AT WORK	CURRED NOT WHILE D	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNT	ĬΥ	STATE
7	73a. B8	220 I certify to death resulted (SIGNATURE EXAMINER'S NA (TYPE OR PRINT)	hat I took charge of from: Natural C	y R. Kauffman, M.D	M.D. ASS	specify) istant me 111 Pen	Inquiry , determined manner EDICAL EXAMINER In St., Balt		4/5/84 • 2120	1
	24. FU	SUP II	a 5	1-9-89 MT/4	UDURN	250. DATE REC'D.	BY REGISTRAR 25 REG		NATURE	
	R	P DISTALS	Tromaso	N 1912 WIBAHO	570	APR 1) 1984 Julia	Davidson	-Randall	2 1



executed within 24 hours after death. Pag

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGONE

9

1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME	FIRST	-	AIDDLE	ŧ	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE	OR PRINT)	IVY		М.	BOS	LEY		4.4	84	11 PM
3 SEX	(4	RACE		5. DATE C		6. AGE (IN YEARS LAST BI		IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
1	Female	100	White		Nov	. 6 7 1895	88	YRS.	DATS	HOURS MIN.
7a. BI	RTHPLACE (STATE OR F			WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	_		
	Maryland		USA		WIDOWE	DIVORCED [Baltim			MD.
	TY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN H FACILITY GIVE STREET OOD NUT		Home	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST A HOUSEWIF	ON DE WORKING LIFE E	12b. KIND O INDUSTRY OWN	Home
13a S	al residence (# Nurs itate aryland	136 COUNT		GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltimo	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO [136000 Bei	.1ona	Ave.	21212
14 FA	THER'S NAME	M	IDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS	ī
	Peter C					Laura	Taylor			
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	E&5709	Loch	Bend Dr
1	No			215-42-	9604	JI Carrie	M. Oller,	Balti		
	18 CAUSE OF DEATH	H (Enter only	ane cause per			1.10			BETWEEN	MATE INTERVAL ONSET AND DEATH
	1101	IMMEDIATE		INCL	ar) o	KIA-			/	WK
-	4860		DUE TO, O	R AS A CONSEQUE	NCE OF	Respirat	ory late	tini	11	MK.
	Conditions, if any, gave rise to imm		(b)	·u f	BEIL	9.53 16 11	0019 1747 8	4110.4		
	cause (a), statin underlying cause		DUE TO, O	RAS A CONSEQUE	NCE OF	200 Bld	Age.			
	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART 10	9.
N O	/1_1	1	100071	7201	110-	MASC MARZ	VISCASE -			
CERTIFICATION	190 DATE OF OPERA				OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDIN	OF DEATH?
ERTI	21g. ACCIDENT WAS UNE	SERIVING O	21b. TIME O	FINITIPY		21c. HOW INJURY OCCUR	YES NO	YES		NO []
	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH DA	YEAR	THE TOTAL OCCUMENT	(Enter that one of the	, a street to		
MEDICAL	(IF EITHER NOTIFY MEDIT		P. 21e PLACE		19	211 LOCATION				
ME	WHILE NOT WE			EET, FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR TO	NWC 1	COUNTY	STATE
4	22a I certify that (I)		al) attended th	e deceased trah	-11	3/6/1978		14	198	that (I) (we) last
1	saw the decease	ed alive on	view the body	1462	79.01	nd that in (my) (aur) opinion	death occurred on the o	iate and have	and fram the	couses stated
-	272 56556 1985	Z	/ Sw	ener deani.		DEGREE	_		22c. DATE	SIGNED
-	unyer	ZF	(ano)	JA.	MI	ATTENDING PHYSICIAN	MEDICAL STA		4.5	-84
	ANTHON	AME STYPE OR	CAR!	o ZZA		6000 Bello	ONA AM	BATTO	md	21212
	BURIAL, CREMATION,		²	/ . - 1		rove Cemete	23d LOCATION ry Parkt	on, F	Baltim	ore, MD
24 FI	J. Harte	enste	in, Ne	econd w Freed	t Fr	anklin APR	12000130	W. Surl	APS C	ill ;
_										

BP. DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and campletely filled in by the funeral disshould be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other traumatic event, the

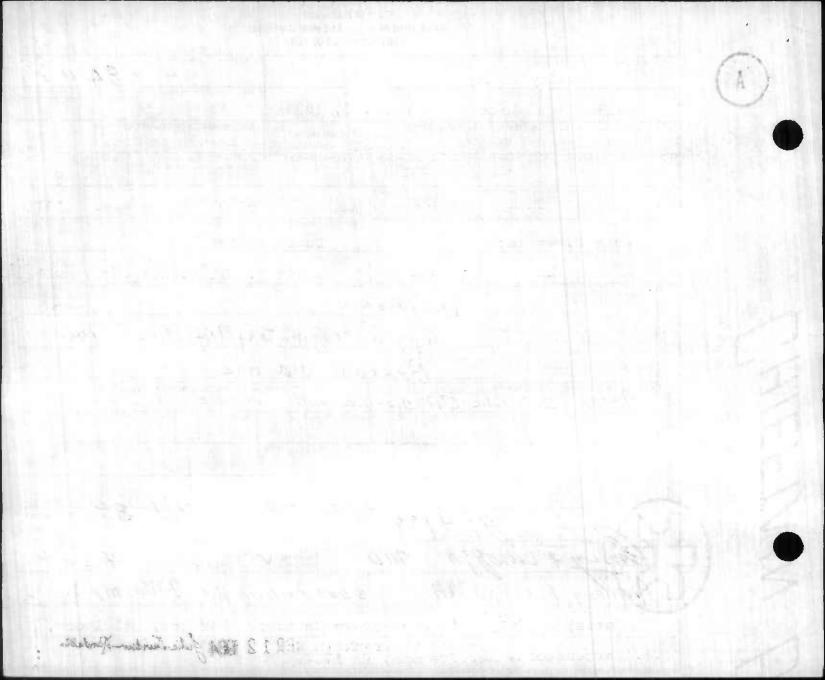
H OR

IMPORTANT: If Item 21 is marked or Item

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital or attending physician

(VRA 15, 4)

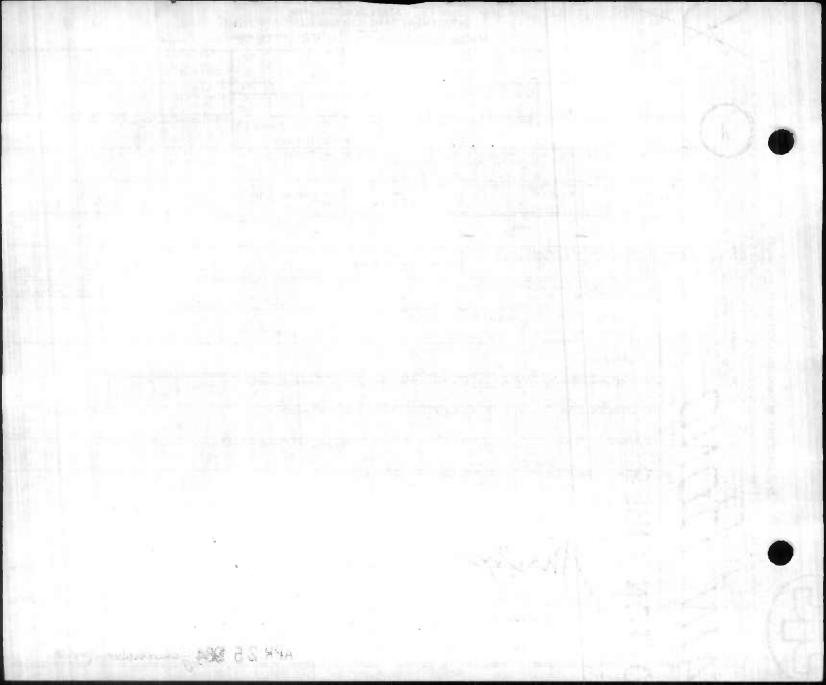


20M 4/B2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

1	1	FOR			DEPART	MENT OF H	HEALTH A	AND MEI	NTAL HY	GIENE		U	9 .	0	U	
	1-	STATE REGISTRAR		ME	DICAL	EXAMINI	ER'S CE	RTIFIC	ATE OF	DEAT	Н	REG	. NO.			
	1. DE	CEASED NA	ME FIRST	-	MIDDLE		Ū.	IST		2a.	DATE	KNOWN	J X MC	INTH DAY	Y YEAR	26. HOUR
H.	(117)	CORPRINT	LEONA	RD	М.		BOS	TON	SR.		OF DEATH	ESTI- MATED	4	24	1984	
TREET,	3 SEX		4. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEAR			FUNDER 24		DATE	ICED	MO	NTH GA	Y YEAR	2d HOUR
	m	ale	Black	1 25	29	5.5 YR		DAYS	HOURS M	IIN PRO	DEAD		4	24	1984	12:02 a M
6		RTHPLACE REIGN COUNTRY	(STATE OR	76. CITIZEN OF WI			2	NEVE	R MARRIED	9.1	BALTIM	ORE CIT	Y OR CO	DUNTY OF		
10		arv1a		U.S.	Α.		WIDOWE		DIVORCED		Balt	imor	e Ci	tv		MD
In			N OF DEATH	TT. NAME OF HOS	PITAL NU	RSING HOME,	, OR OTHER	RINSTITUTE	ON T2	20 USUAL	OCCU			ORK 126 K	KIND OF BU	
TU		Baltin	more			ospital	L			POR MOS	TOP WOR	KING LIFE)		- `	JK 11400311	K 1
35	13a. S		1136 COUN	OR OTHER INSTITUTION, GI	Tac. CITY		I)	d. INSIDE CITY		e. STREET			Λ ==	enue	2.1	2 2 0
9		THER'S NAM			De	I L L I III O			S MAIDEN		1110	011	AV	enue	21.	228
10	14.17	FIRST		WIGGLE		LAST		Cor	ST	IAWWE	М	IDDLE		D = =	LAST	
4	160 V	/AS DECEAS	SED EVER IN U.S. AR	MED EODOES?	144 50	CIAL SECURITY	(NO I	7. INFORMA				ADDR	ESS	Bos	Lon	
ĺ	(Y)	es, no, or unki		E WAR OR DATES)		-22-7					2 . 1.	2.0		1		
			OS DE ATILIES	1			311	regg	ie A.	. Sm	ıtn	_ 28	LlI		APPROXIMATE	
		PART I		nly ane cause per line D BY:			++	- ibace	**************************************	lar d	1:00	200		BE	TWEEN ONSE	T AND DEATH
OR RE	-	47	97 IMMEDIA	TE CAUSE (a) A		SEQUENCE O		arara	vascu.	Ial C	ilse	ase				
		Canditi	ians, if any, which		AS A COI	43EQUEIACE C)r									
		gove	rise to immediate	(b)	45 4 601	ISSOUTH OF O	Nr.									-
			ouse lost.	DUE TO, OR	AS A COI	NSEQUENCE O)r									
		PART 2 OTHER	CICNICICANT CONDITIONS	(c)	DUT NOT ALL	TED TO THE TERM	INAL OSCIACIO			-						
	Z	TAKT 2 OTHER	JOHN CAN CONDITION.	CONTRIBOTING TO DEATH	DOI NOT KEL	CIEU IU INE IEKMII	MAL DISEASE L	IK CUMUITIUM (DIVEN IN PART I	0						
1	MEDICAL CERTIFICATION	19a. DATE C	OF OPERATION	196 CONDI	ION FOR	WHICH OPERA	ATION WA	S PERFORM	ED?			_		20	AUTOPSY	,
0	F			LA BOAR											YES 🗍	NO X
A	ERT	2To EXTERM	NAL CAUSE WAS	216 TIME OF			2Tc HOV	W INJURY C	OCCURRED (ENTER NATE	JRE OF INJ	IURY IN ITE	M 18 PART 1	OR PART 2)	163	140 04
3	ALC		NG OR			DAY YEAR										
	DIG	21d INDIDRY	OCCURRED	21e PLACE ((AT HOME,	21f LOCA	ATION								
	WE	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, E	TC.)	STR	EET		CI	TY OR TO	WN		COUNTY		STATE
BALTMORE, MARYLAND, 27	123	220. l ce	rtify that I took char	ge of the remains des	cribed abi	ave, held on	Autopsy		Inspection	X,	Inquiry		ond in r	ny apinian		
		death resu	Ited fram: Note	ral causes X,	Accident	. Suit	cide .	Hamicid	de .	Undeterm	ined mo	nner],			
			h	00	1			TITLE (SPE	ECIFY)							
_		SIGNATUR	· ///	MAX			M.D	Assis	stant	_MEDICA	LEXAM	INER	D S	ATE IGNED	4-24-8	34
	1	EXAMINER'	SNAM							-116						
		(TYPE OR P	RINT) AITH						11 Per			Balt	0.,	Md. 2	21201	
	(5	PECIFY)	ATION, REMOVAL		23€.	NAME OF CEM	AETERY OR	CREMATOR	RY	23d LOCA CITY OR T	TION			COUNTY	51	ATE
		BURIA		4/30/84	M	d. Vet	eran									d.
		n M		H Inc. ADDRES	101	F Nort	- h A **	25	o. DATE REC							
))	AA I	n O M	arch F/1	i Inc. I	LOI	TO IN OIL	LI MV		APR 2	25 1	434	June	www.	doon-1	fandale	



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1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

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1.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO)		
	ECEASED NAME FIRST		MIDDLE	L	AST		MONTH DA	AY YEAR	2b. HOUR
{TY	Georgine Georgine		D.	Bost	wick	April 7,	1984		M
3 S	EX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTH		FUNDER I YEAR	IF UNDER 24 HRS.
1	Female	Whi	te		ruary 15,1920	64	YRS	ONTHS DAYS	HOURS MIN.
7a	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNT	RY? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH	
	Pennsylvania	United	States	WIDOWE	D DIVORCED	Baltimor	e Cit	у,	MD.
10 (Baltimore	(IF NOT IN SU	CH FACILITY, GIVE ST		or other institution	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE)		F BUSINESS OR
USU	JAL RESIDENCE (IF NURSING HOLDER)	OTHER INSTITUTION		EFORE ADMISSION)		13e. STREET ADDRESS		15/20	
	Maryland -		Balti		YES NO	20 S. Patte	erson	Park A	ve.
14. F		MIDOLE	LAST		15 MOTHER'S MAIDEN NAM FIRST	WE		LAS	1
1	William	-	Dauberm	an	Kathryn	•	Ca	rvell	
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRE:	SS		
	NO -	m m	199-07	-4037	Herman J. B	ostwick 20	S. Pa	tterso	n Park
	18 CAUSE OF DEATH (Enter an	ly ane cause per	Me far (a), (b)	, and (c1.)	1-11 1	1		BETWEEN	MATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY: E CAUSE (a)	Houte	, myo	Cordinal lufor	2/100		Seco	x-15
	4100		DACA CONST	OUTNICE OF	1 0	1			
	Canditians, if any, which	(, , ,	R AS A CONSE	16 Ma	m herT	discore		A POST	
	gave rise to immediate cause (a), stating the	10/			1				
	underlying cause last.	DUE 10, O	R AS A CONSE	OUENCE OF					
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR COND	ITION GIVE	N IN PART 10	
Z						. The property of corre	111011 01121		
E A	190. DATE OF OPERATION	19b. COND	ITION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
CERTIFICATION						YES NOT	IN CERTIFY!	ING CAUSES	OF DEATH?
1 a	210. ACCIDENT WAS UNDERLYING	216. TIME C		V5.10	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PAR	RT 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA	111	M. MONTH	DAY YEAR	E + C - 1				
EDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION				
×	WHILE NOT WHILE T	(AT HOME, ST	REET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	CITY OR TOW	4	COUNTY	STATE
	220.1 certify that (I) (this haspit	al) attended th	se deceased fro	m . /	10 77	10 4/2	10	9 8 4	that (I) (we) last
	saw the deceased alive an abave, (I) (we) (did) (did not	4/2	1/1	1. 4	d that in (my) (aur) apinian d	death accurred an the da	te and haur o		
	226 SIGNATURE)	//		DEGREE	CONTRACTOR		22c. DATE	SIGNED
	(J)N	err	//	mi	ATTENDING PHYSICIAN	MEDICAL STAF			
1	224 PHYSTCIAN'S NAME (TYPE OF	PRINT)	/		22e. ADDRESS				,
	D.W. MACT	ICHO	Mal	D.	195. HIGT	1 LAND AL	E 0	2120	24
230.	BURIAL, CREMATION, REMOVAL	23b. DATE		3c. NAME OF C	EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	Lvco	ming C	O . STATE
	Burial	April	10,84	Montour	sville Cem.	Montoursv	Ille,	Pennx	vlvania

BP DHMH - 16 60M 7/73 (VR A 15 (4))

IMPORTANT: If he

TO HOSPITAL OR ATTENDS retained by the hospitol or

24 FUNERAL DIRECTOR Lilly & Zeiler Inc. 1901 Eastern Ave./21231

APR 1 1 1984 Julia Davidson Annasee

Notice D. Service Acres Acres 2000

Freeza Company Company

Y Panara In the stock of Panara Colevania

Bolt more 20 5. Parsanga Paul Aro. Police 16

Maryland - - - Boiting a K 2003. Posterion Feet Are.

tilian - member an control - neilit

ToD sathement Earth Ageil Lu. B. Montour tille Cen. Hantos sville, Papayvisania

itly f and Inc. [4] aston A .. / 21 1

completely filled in by the funeral director, Jand 2 shared lite lied within 72 hours

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ottending physicion. PHYSICIAN: The

retoined by the hospitol HOSPITAL

BP.

ATTENDING ŏ

executed within 24 hours ofter

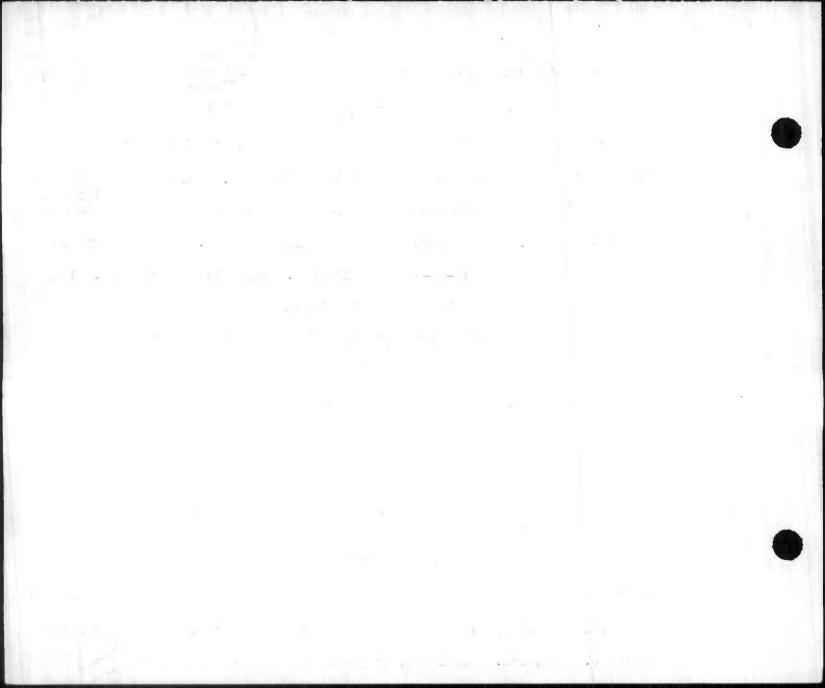
requires that the death certificate be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	9	1	6	2

	CEASED NAME FIRST					REG. NO.		
3. SEX	ORPRINT) KATHE	RINE	MIDDLE	BOU	VEN	4/27	1984 YEAR	26 HOUR
1 7	FEMALE	4 RACE	TE	5. DATE O	P BIRTH	6. AGE (IN YEARS LAST BIRTHO	DAY) FUNDER I YEA MONTHS UAYS	
C	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8 MARRIED WIDOWE	NEVER MARRIED	BALTIMORE CITY OR		0178
II. CIT	TY OR TOWN OF DEATH BALTIMONE	11. NAME OF H	HOSPITAL, NURSING THE FACILITY, GIVE STREET A	G HOME O	ROTHER INSTITUTION HOSPITAL	12e USUAL OCCUPATION (1YPE OF WORK FOR MOST OF V Ret. Office	N 176 KIND WORKING LIFE) INDUSTR	OF BUSINESS
13a 5	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE A 13t. CITY OR TOWN BALTIM	١ ا	YES NO	136 STREET ADDRESS / 130 / RAG	ZIP CODE 21	239 RR, Q
14 FA	THER'S NAME FIRST Edward	MIDDLE .	Bowen		15. MOTHER'S MAIDEN NAM	MIDDLE A.	Dalr	ymple
	VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES!	166 SOCIAL SECUR		Milton O. B	owen 1148 E	Elbank Ave.	21239
NO	underlying couse lost. PART 2. OTHER SIGNIFICANT OVARIAM	(c)CONDITIONS CC	CINOR	EATH BUT	METASTA	TIC		lia
ATK	19a DATE OF OPERATION	198. COND	ITION FOR WHICH (OFERMIO	N WAS PERFORMED		206. IF YES, WERE FIND	
CERTIFIC	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	21b. TIME O ATH HOUR A.	F INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	YES NO	TN CERTIFYING CAUSE YES	
CAL	710. ACCIDENT WAS UNDERLYING	21b. TIME O HOUR A./ R) P./	FINJURY M. MONTH DA M.	Y YEAR 19		YES NO	TN CERTIFYING CAUSE YES IN ITEM 18, PART I ORPART 2)	S OF DEATH?
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (# EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE] NOTWHILE	21b. TIME O HOUR AJ PJ 21e. PLACE (1AT HOME, STR	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA Grant dates of the management of the	Y YEAR 19 ARM ETC)	71c HOW INJURY OCCURR	YES NO PER NATURE OF INJURY CITY OR TOWN	TN CERTIFYING CAUSE YES IN ITEM 18, PART 1 OR PART 21 N COUNTY 19 e and hour and from th	STATE

DHMH - 16 50M 4/8 (VRA 15, 4)



STATE OF MARYLAND

U	9	1	6	3

	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
TRAR	CERTIFICATE OF DEATH

6	1-	FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO	j 9 7	0, 3
		CEASED NAME FIRST OR PRINT) MARY	MIDDLE	3	500EN	4/29/84	HONTH DAY	26. HOUR 5:11 PM
	3. SEX	FEMALE	CAU	5. DATE OF	DAY O YEAR	RIGE WHATASTON	HDAYF WILHOUT WESTERS	ERITEAR FISHORYSAMES. EATS HOURS AREA.
		RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUN	TO MARRIED WIDOWE	DIVORCED D	BALLIMORE CITY OF	RCOUNTY OF DI	CITY, MD.
135		BALTIMONE	1. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	IMORE 6	ROTHER INSTITUTION RENEALLOSP.	12a USUAL OCCUPATION OF WORK FOR MOST OF RETURNS		KIND OF BUSINESS OR DUSTRY
5	130 S	ALRESIDENCE (# NURSING HOME OR O) TATE 136 COUNTY 1ACYLAND		Timone.	13d INSIDE CITY LIMITS? YES NO [130. STREET ADDRESS /	ZIP CODE SHINGTO	PRUD.
2	14. FA	THER'S NAME FIRST Allan	60L		15. MOTHER'S MAIDEN NA	WE	d	DMPSE4
,	(1	VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166. SOCIAL PAR OR DATES)	SECURITY NO. 05-939	9 MARY 4	ABIANSKI C	397 LA	WERN BALTI
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF	Ac. Myoc	and disease or cont		PARILIA
7	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W			280 AUTOPSY?	20b. IF YES, WER	RE FINDINGS USED CAUSES OF DEATH?
/		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES 🖰	NO 🗆
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	19 DEFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN CC	OUNTY STATE
		above, (1) (wet (did) (did not)	29 Hours	19_84 on	d that in (my) (aur) opinion	death occurred on the de		
		22h. SIGNATURE	B. Com	n	ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC	F	29/JM89
		306	B. 60	RN	3001 S	. HANOUS	ER, BA	ALTIMORE
	23a B	SPECIES CREMATION, REMOVAL SPECIES	5/03/84		METERY OR CREMATORY W Crematory	CATONSVI.	lle Balt	o. Maryland

retained by the haspital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land 2 should b with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event,

IMPORTANT: If Hem 21 is morked or Item 18 shows any

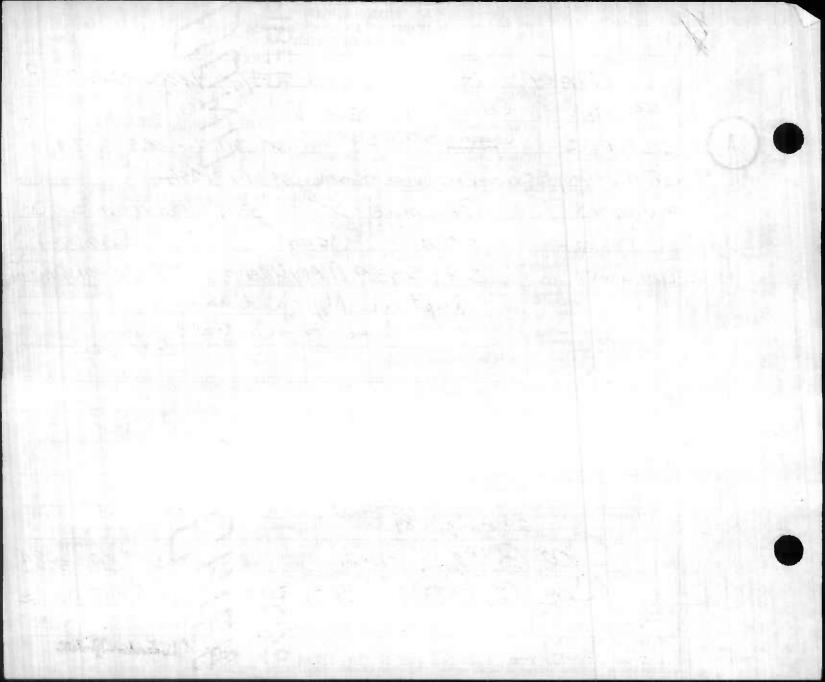
Ambrose Funeral Home

5/03/84

1328 Sulphur Spring Rd.

CAtonsville Balto. Maryland

AY 1 984



uneral director, page 3 hin 72 haurs after death

STATE OF MARYLAND

	TIME OF MARKETINE
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
TE SISTRAR	CERTIFICATE OF DEATH

FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE G	0.97.0 ~
L DECEASED NAME FIRST (TYPE OR PRINT) Eddie	WIDDLE	Boxton	20 DATE OF DEATH	4 20 84 2:104 M
3. SEX Male	A RACE Black	5. DATE OF BIRTH 5 10 3 2	6. AGE (IN YEARS LAST BE	MONTHS DAYS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ga.	76. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED WIDOWED DIVORCED	Ral+i	OR COUNTY OF DEATH MORE City MD.
Balto.	11. NAME OF HOSPITAL, NAME OF	NURSING HOME OR OTHER INSTITUTION ESTREET ADDRESS!	176 USUAL OCCUPAT	
ISUAL RESIDENCE (IF NURSING HOME 130. STATE 136 CO		R TOWN 13d. INSIDE CITY LIMITS	? 13e.STREET ADDRESS 915 Wil	/ ZIP CODE Ct. 21202
Robert	Boxto	n 15. MOTHER'S MAIDEN		Hines
168 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES,	LIZETA O BO DATES	L SECURITY NO. 17 INFORMANT 48-8301 Mable E	oxton 915	Wilmont Ct.
	(b) DUE TO, OR AS A CON	ISEQUENCE OF AG TO DEATH BUT NOT RELATED TO THE T	erminal disease or com	NDITION GIVEN IN PART 110
19g DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING	19h. CONDITION FOR V	WHICH OPERATION WAS PERFORMED	700 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF I WE EITHER, NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22d. I certify that (1) (this has sow the deceased alive	DEATH DEATH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY. Spital) attended the deceased	from SELL 19 21f LOCATION STREET from SELL 1 19 DEGREE DEGREE ATTENDIN PHYSICIA 22e ADDRESS	G MEDICAL STA	OWN COUNTY STATE 20, 19 C , that (h (we) last date and haur and from the causes stated 22c, DATE SIGNED
238. BURIAL, CREMATION, REMOV. (SPECIFY) Burial	23b. DATE 4/25/84	Mount Auburn Ce	CITY OR TOWN	ore, Md.

DHMH - 16 50M 4/83

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detacked for use as the burial-transit permit. Then please remove corbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather troumatic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows

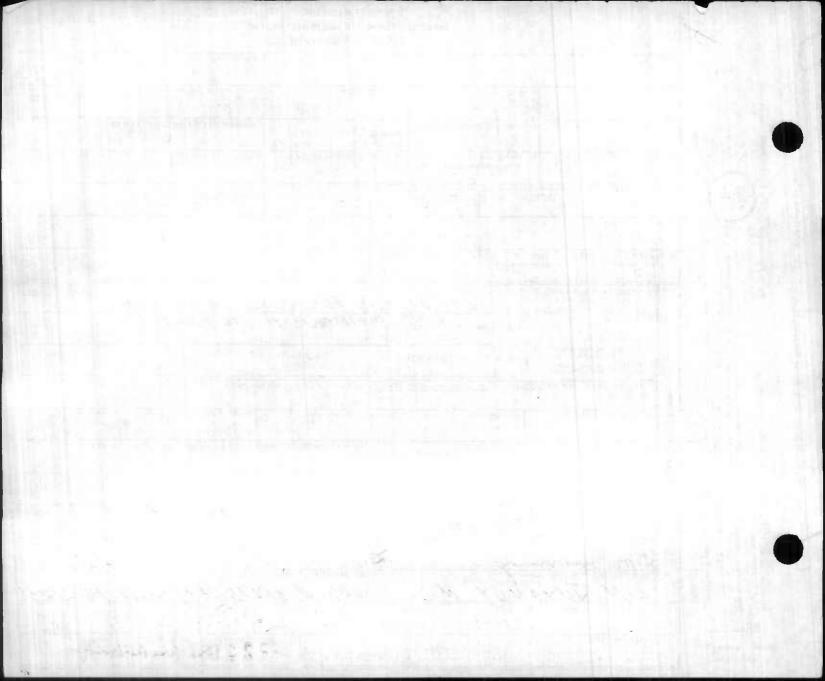
shauld be detached for use as the buwith the State Dept. af Health and M

24 FUNERAL DIRECTOR
WIN. C. March F/H. (VRA 15, 4)

1101 E. North Ave

23d LOCATION
CITY OR TOWN
Baltimore,

Md.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely Illied in by should be detached far use as the buriol-transit permit. Then please remove carbanpapers. Pages 1, and 2 should be lifer with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar ather traumatic event, the medical

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	9	1	5	3

-	1.	REGISTRAR				CERTII	FICATE OF I	HTASC		REG. N	0.			
- 1		CEASED NAME	FIRST	N	MIDDLE		LAST		2a. DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR	_
	TYPE	OR PRINT)	M	н	ENRY	B	ayo			100	4/	4/84	11:15	PM
	3. SEX			4 RACE		5. DATE (YEAR	6. AGE	N YEARS LAST BIR	RTHOAY)	MONTHS DAYS	HOURS	MIN.
		MALE			SRO	5	31	16		67	YRS.			
10	C	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF \	WHAT COUNTRY?	8. MARRIE	DEVER	MARRIED -	9 BALTIN	ORE CITY	OR COUNTY	OF DEATH		
4		Carolina		U. S		WIDOW		VORCED		ltimor				MD.
10		TY OR TOWN OF DEA	TH		OSPITAL, NURS IN		OR OTHER INS	TITUTION		OCCUPAT ORK FOR MOST (FEI INDUSTRY		
(A		L RESIDENCE (IF NURSI	INC HONE OF		Hospita]				Labo				ehem S	
K	130 S	TATE	136 COUN		13c. CITY OR TOWN	V	13d. INSIDE C	ITY LIMITS?				Denniso	n Stre	eet
1		ryland			Baltimor	re	YES X	NO DEN NAM		timore	, Mar	/land	21216	
1	I4 FA	THER'S NAME		WIDDLE	LAST			FIRST	10	MIDDLE			ST	
11		Trogie	10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		Boyd			lle		ADDR	ECC		ton	
1		AS DECEASED EVER	(IF YES, GIV	E WAR OR DATES)	166 SOCIAL SECUI		17. INFORMA					Dennis		reet
		Yes		W II	241-18-51		Adelir	e L. Bo	yd	Balti	more,		1216	
		18 CAUSE OF DEATH PART I, DEATH W	H (Enter ar	nly ane cause per D BY:	line far (a), (b), and	l (C)		20	00	00		BETWEEN	XIMATE INTERVA	ATH
		1000	IMMEDIA"	TE CAUSE (a)	WEIT	THI	7 6	1777	12 H	71=		-	MO	
		1359		DUE TO, OF	AS A CONSEQUE	NCE OF			Se					
		Canditians, if any, gave rise to imm		(b)_	COLOR) (ARC	TUO	14/	-				
		cause (a), statin underlying cause	g the	DUE TO, OF	AS A CONSEQUE	NCE OF								
				(c)		E 1 711 811		70 5115 750						=
	NO	PART 2 OTHER SIGN	NIFICANI (CONDITIONS <u>CC</u>	MIKIBUTING TOD	EATH BUT	NOT RELATED	O THE TERMIN	NAL DISE	ASE OR CON	IDITION GIV	EN IN PART I	la .	
1	ATIC	190. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AU	TOPSY?		S, WERE FIND		
7	CERTIFICAT			(DOWN					YES	NOU		FYING CAUSE	S OF DEATH	?
7	CERI	210. ACCIDENT WAS UND	DERLYING [216. TIME O			21c HOW IN	JURY OCCURRE			JRY IN ITEM IS	PART 1 OR PART 2)		
1		OR CONTRIBUTING C		AID	M. MONTH DA	Y YEAR	13							
	MEDICAL	21d. INJURY OCCURE		21e. PLACE	OF INJURY		211. LOCATI	ON		CITY OR TO	Sharbi	COUNTY	STA	**
	¥	WHILE NOT WH	IILE C	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC	SINCE			CITYONIC	,,,,,	COOM	317	
		220.1 certify that (1)		ital) attended the	deceased fram_			, 19	ta			19	, that (I) (we) last
	Ù,	sow the decease	ed alive an	it) view the bady	ofter death	, o	nd that in (my)	(aur) apinion d	eath accui	rred an the d	ate and hav	ir and Iram the	causes state	d
		226. SIGNATURE		\	arrer dearn.		DEGREE					22c. DAT	SIGNED	
		Idron		JA V	und.	M		ATTENDING PHYSICIAN	MEDICA	OR PHYSIC	FF	141	4 19	145
1		22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			22e ADDRES	S		182				
		MOMA	ST	STR	ERTH	12	SIN	AT HO	05 P	IVAL	-OF	BALT	IMO	CB
		URIAL, CREMATION,	REMOVAL	236 DATE	23c N	AME OF	EMETERY OR	CREMATORY		CATION		COUNTY	614	76
		Buria		4/10/1			ill Cem				Balt	imore.	Mary]	and
		NERAL DIRECTOR						250. DATE	REC'D. BY	REGISTRA	MA REPOS	RAR'S SIGNA	TURE DO	
	25	01 Gwynns	Falls	s Pkwy.	Baltimore	, Md	. 21216	APR S	1	J84 7°	10000	14001 1/4		

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the haspital ar attending physician.

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of Amore City		. S.	malfored . N
Laborer Hetalohem Sues		sin i los ital	enor el fe
Zew Inneron Street			
Heltinoro. erri na 1.16	Х	seltimore	The said and
Serton	Belle	Byo£	- Proof
	17.4.3.7.0	3700	
2014 Pennison Surection Surection Society 2011	, eline L.	1315-81-130 II Wa	8-7

Nutter & Sons nor 1 to c in . 2501 C ynns Falle 12 y. Faltimore, 1.d. 21216

Salving promitis

death certificate requires that the ATTENDING PHYSICIAN: The

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

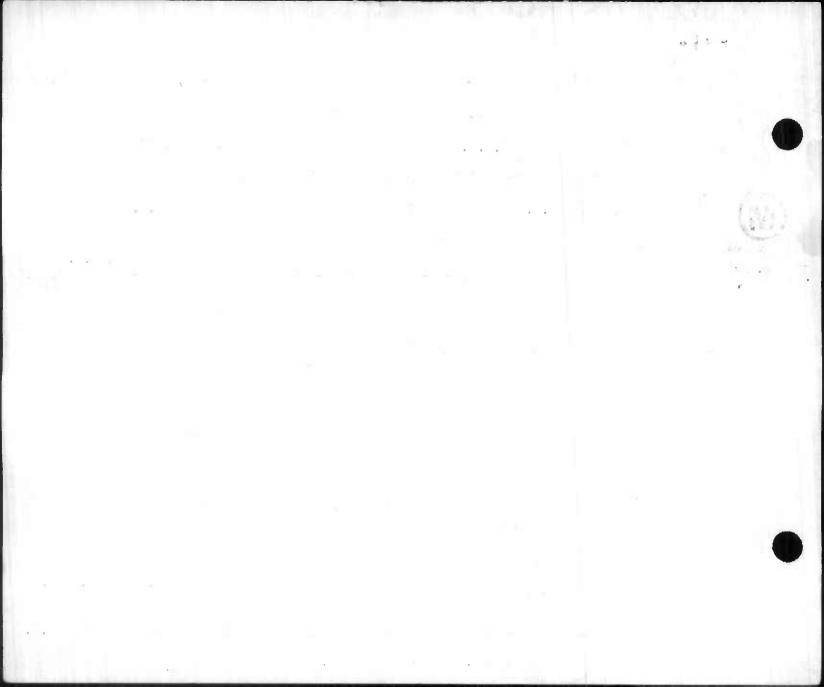
	, 1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
13.		CEASED NAME FIRST	MIDDLE		LAST			20. DATE OF DEATH MONTH DAY YEAR			HOUR A	
poge 3		JOANI		Ε.		BOYLE		APRIL 2,			3:05M	
Q.	3. SEX		4 RACE		5. DATE OF BIRTH MONTH DAY YEAR			6 AGE (IN YEARS LAST BIRTH			JURS MIN.	
ors offer	FEMALE		WHITE		12	12 09 53		30	YRS.			
菜 人人	7a B1	RTHPLACE [STATE OR FOREIGN	76 CITIZEN OF	76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED		9 BALTIMORE CITY OF				
1 C	NEW YORK		U.S.A.		WIDOWED DIVORCED		ED 🗌	BALTIMORE CITY MD				
133	BALTIMORE		(IF NOT IN SU	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADE THE JOHNS HOP		DRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NONE		126. KIND OF B INDUSTRY	JSINESS OR	
150	13a. S	L RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION TATE A.A. A.A.		GLEN BURNIE		13d. INSIDE CITY LIMITS? YES NO 🕮		13. STREET ADDRESS / ZIP CODE 210 HIGHWAY N.W. 21061				
	M. FATHER'S NAME FIRST TIMOTHY		BOYLE BOYLE		15 MOTHER'S MAIDEN NA MARION			MIDDLE	SCHWAB			
d c		VAS DECEASED EVER IN U.S. AR			RITY NO	17 INFORMANT		ADDRES	SASTOR	IA, N.Y	. 11105	
Pog medi	. (NO NO OR UNKNOWN) (IF YES, GI	119-46-2290			MIXAN-KUCERA						
ng physici bonpaper removol. cevent th		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 279 MMEDIATE CAUSE (a) DUE TO, OR ASIA CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (b) Suspected Acquired Immune 2791 Sini										
tending of or		DUE TO, OR ASA CONSEQUENCE OF Conditions, if ony, which				acoun	ried	1 Snmung 2791		5	mi	
ter this certificate has been signed by the at s the burial-transit permit. Then please remo- to and Mental Hygiene prior to burial, crematii rked ar Item 18 shaws any injury, or a Mer Itan		gove rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF Underlying cause last.										
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	CERTIFICATION				OR WHICH OPERATION WAS PERFORMED			20d AUTOPSY? YES NO PROPERTY NO				
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY .M. MONTH DA .M.	AY YEAR	21c HOW INJURY	OCCURR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART	OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET		CITY OR TOW	,N	COUNTY	STATE	
use of Health		22a-1 certify that (1) (this hospital) offerded the deceased from 3/16/84, 19, 19, 10, 10, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19										
d for		above, (I) (we) (did) (did nat) view the body after death.										
RAL DIRE detocher tote Depl		DEGREE ATTENDING MEDICAL STAFF 4/2/84										
should be detail with the Stote		M. JAMESON TO HOPKINS HOPKINS HOSP ITAL 21205										
F 0 3 ≤	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. h	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION	r	OUNTY	STATE	
	_	MOVAL/BURIAL	04-06	-84	NASSA	U KNOLLS		PORT WASHI			N.Y.	
16 50M 4/83		UNERAL DIRECTOR		ADDRESS		21227		E REC'D. BY REGISTRAR 2	11 0 20			
A 15, 4)	HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. APR 4 1984 From Davidson-Randelle.											

.

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital TO HOSPITAL

BP



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages found 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT

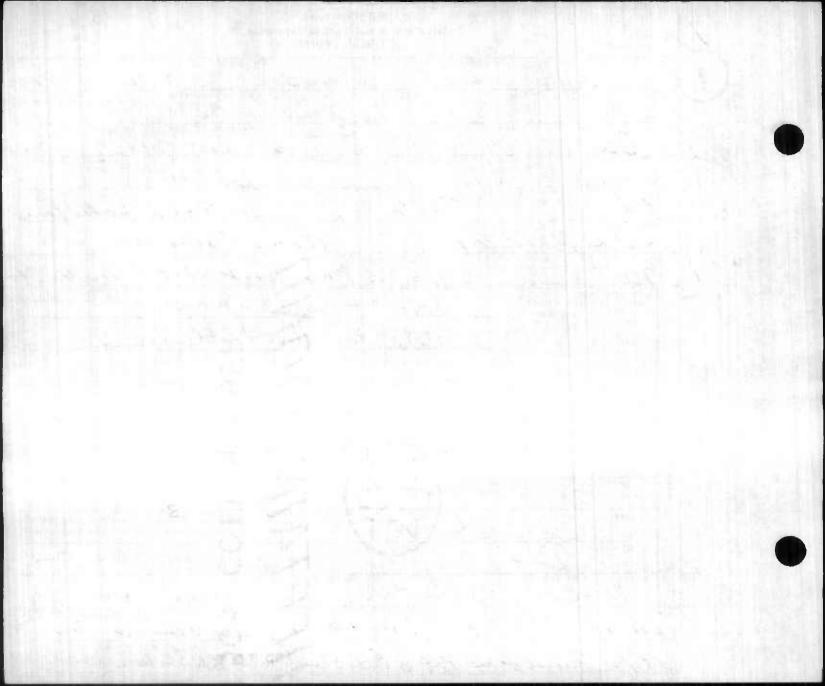
OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE REG. 1	١٥.			7
LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b F
0 -		W	400	01.	1

	REGISTRAR		CERTIFICATE OF DEATH	REG. N	IO.
CIAN	PECEASED NAME FIRST	MIDDLE	BOADESE D	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 735
3. SE	EX M	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 2 12	6 AGE (IN YEARS LAST BE	
7	BIRTHPLACE STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	* 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	City N
UR	Baltimore	Mid fowh	Nursing Home	12a USUAL OCCUPAT	OF WORKING LIFE) INDUSTRY
130	UAL RESIDENCE (IF NURSING HOME OF STATE)	OTHER INSTITUTION GIVE RESIDENCE BEFO	YES NO D	13e STREET ADDRESS 2/2/Win	den Dorlen fon
21	FATHER'S NAME	ed for flast	Is MOTHER'S MAIDEN NA	- Rath	ener
	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SEC E WAR OR DATES) 2640	5-3155 Mery I	vert 10	ESS 68 E3 Greetin S APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
NO.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	JENCE OF DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR COM	DITION GIVEN IN PART 110
			LODEDATION WAS DEBEGRASS	20a AUTOPSY?	201 HE VEC WERE ENIDATED LIGHT
TIFICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	YES NOT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO N
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA] ZIB. TIME OF INJURY TH HOUR A.M. MONTH D	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO NOTIFIED IN STREET TO STR
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK ALL WORK	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (tol) ottended the deceased from	PARY YEAR 19 211. LOCATION STREET 217. 19 218. LOCATION STREET DEGREE	YES NO CITY OR IC	IN CERTIFYING CAUSES OF DEATH? YES NO DIPYINITEM IS PART I OR PART ?) DWN COUNTY STATE 19 that (I) (we) lose and hour and from the causes stated 226. DATE SIGNED
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE tol) ottended the deceased from, 1) view the body offer death.	PARY YEAR 19 211. LOCATION STREET 217. 19 218. LOCATION STREET DEGREE	YES NO CITY OF INJURED (ENTER NATURE OF INJURED)	IN CERTIFYING CAUSES OF DEATH? YES NO DIPYINITEM IS PART I OR PART ?) DWN COUNTY STATE 19 that (I) (we) lose and hour and from the causes stated 226. DATE SIGNED
WEDICAL MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHITE AT WORK AT WORK 22a. I certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (10) offended the deceased from, (1) view the body after death.	PARY YEAR 19 211. LOCATION STREET , 19 , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	YES NO CITY OR IC	IN CERTIFYING CAUSES OF DEATH? YES NO DIPYINITEM IS PART I OR PART ?) DWN COUNTY STATE 19 that (I) (we) lose and hour and from the causes stated 226. DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

retained by the haspital or attending physician.



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4	-	d		-

F	REGISTRAR				CEKITE	ICATE OF DEATH	REG.	NO.		
I. DECE	ASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE OR	R PRINT)	24						4	12 21	Q 20
		MILDR		_I		EIEID	1 105	1 .	IF UNDER LYEAR	IF UNDER 24
3. SEX			RACE		S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DATS	HOURS /
	Female			White	Fel		82	YRS.		
	HPLACE (STATE O	PR FOREIGN 76	CITIZENO	F WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	ryland		U.	S.A.	WIDOWE		BALTIM	ORE C	TTTY	
2 18 CITY	OR TOWN OF D	EATH 1	I. NAMEO	F HOSPITAL, NURSII		OR OTHER INSTITUTION	12a USUAL OCCUPA	ATION		OF BUSINESS
6			(IF NOT IN S	SUCH FACILITY, GIVE STREET	T ADDRESS]		(TYPE OF WORK FOR MOS		LIFE) INDUSTRY	
	BALTIMORI			ON WENORE		PITAL	Homemak	er		
13a. ST		ITSING HOME OF OT		13c. CITY OR TOV		134 INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP COD	OF.	
7	aryland			Baltim		YES NO			on Lane	21206
	HER'S NAME	-	120 001			15. MOTHER'S MAIDEN NA				
10	FIRST	MI	DDIE	LAST		FIRST	MIDDLE		LA	ST
	esley			Hughes			Not Know			
	AS DECEASED EVE		ED FORCES			17. INFORMANT		DRESS		206
(AE2	NO UNKNOWN)	(IF TES, GIVE V	TAK UK UAIES	214-54-	6413	Clarence O.	. Bradfield	1 5220	Biddis	on Lan
				per ling far (a), (b), a					APPRO	CIMATE INTERVA
	PART 2. OTHER SIG	GNIFICANT CO	NDITIONS	CHA-	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	ONDITION G	IVEN IN PART I	lar
CERTIFICATION	90. DATE OPER	RATION	196 CON	IDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	KICERT	ES, WERE FIND	
- 5 -	In. ACCIDENT WAS U	INDERIVANC [7]	216 TIAAS	OF INJURY		21c. HOW INJURY OCCUR	YES NO			140
/ /	OR CONTRIBUTING		110110		AY YEAR	The Hotel Occor	FOR THE NATURE OF IT	TAURT IN HEW IS	FANT TOK FART 2)	
S	(IF EITHER, NOTIFY ME			P.M.	19					
MEDICAL	14 INJURY OCCU	IRRED		E OF INJURY		211. LOCATION	CITY OF	NWOI	COUNTY	STA
	WHILE NOT	WHILE .	(AT HOME	STREET, FACTORY, OFFICE,	FARM ETC)	SINCEI				378
		VORK	1. 4	4-1	4/	8 00	6.41	22.	10 Och	4.00
2			11 1 11	the deceased from.	Pell	19.07	. 10		,	that (we
	above (I) we	did) did nat)	view the ba	dy after death.	, 01	nd that in (my) (aur) opinion	geath occurred on the	gote and ha		
2	26 SIGNATURE	A	,	112 6/		DEGREE			22c. DATI	SIGNED
	79/1/1	IIA A	10)	UNISO	1, 1	ATTENDING PHYSICIANI		TAFF SICIANI	41	22/0
1 2	2d. PHYSICIAN'S	NAME (TYPE OR	PRINT)	7-7-900	4	PHYSICIAN [_ DIRECTOR _ PHY	SICIAIN LS	1/	70
		UNDER		TSON M	.D.		ORIAL HOSE	TTAL.		
23a BIII	RIAL, CREMATION		23b. DATE			EMETERY OR CREMATORY	1234 LOCATION			
	Buri					od Cemeterv	CITY OR TOWN		COUNTY	STAT
	Dull	- CL-L	whi. 5	0 1704	TSTKW(Jod Cemetery	Baltim	JI.6	Ma	ryland

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has bee should be detached for use as the burial-transmement with the State Dept. of Health and Mentol Hygiens product the State Dept. of Health and Amentol Hygiens produced the State Dept. of Health and Mentol Hygiens produced the State Dept. of Health and Mentol Hygiens produced the State Dept. of Health and Mentol Hygiens produced the State Dept. of Health and Mentol Hygiens produced the State Dept. of Health and Mentol Hygiens produced the State Dept. of Health and Mentol Hygiens produced the State Dept.

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc.

Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

CONTRACTOR CONTRACTOR Title in the control of the control 1020 Lucycon Lement 200 x Studies THE PORT OF THE PROPERTY OF TH LIST I DAY SY MOY I . O. N. BOYEL I SERVE L ond 2 should be filed wit

medico

MEDICAL CERTIFICATION

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

12590 INDIAN HILL OF

MO

STATE OF MARYLAND

DED A DEMENT OF UFAITH AND MENTAL UVCIENT

0	9	1	6	7
U	1	3	0	-

130 STREET ADDRESS / ZIP CODE 31239 622 COLERAINE RO

- STATE REGISTRAR			DEFA	CERTIFICATE OF		REG. NO.		80.	10.7	
1. DECEASED NAME (TYPE OR PRINT)	FIRST HERBE	mo m	MIDDLE	BRADS HAW		20. DATE OF DEATH MONTH	DAY	YEAR	2b HOU	JR 18 4
			J,			4)	14		# UNDER	. ,
3 SEX		4. RACE	u	5. DATE OF BIRTH MONTH DAY A 46- 27	YEAR 1965	6 AGE (IN YEARS LAST BIRTHDAY) 7 8 YRS	MON	INDER I YEAR	HOURS	MIN
70 BIRTHPLACE (STATE COUNTRY)	OR FOREIGN		OF WHAT COUNTR	MARRIED NEVER	MARRIED	BALTIMORECITY OR COUN				MI
BALTO.	DEATH		SUCH FACILITY, GIVE STR	SING HOME OR OTHER INS EET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LWE)	IZE KIND C INDUSTRY		

4 FATHER'S NAME FIRST	MIDDIE	TAST	FIRST	WIDDLE		LAST
WILLIAM	ALEXANDE	R BRADSHAW	AGUSTA	C	ioni Bo	ONHER
60 WAS DECEASED EVER	IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.		BRADSHAW NE RO C	wife)	
18 CAUSE OF DEATH PART I. DEATH W.	H (Enter only one couse per AS CAUSED BY:	ine for (o), (b), and (c), in AROIAC ARK	EST		BETW	PROXIMATE INTERVAL VLEN ONSET AND DEA

113d INSIDE CITY LIMITS? NO [

PART I. DEATH (Enter only one couse per line for (o), (b), and (c).) IMMEDIATE CAUSE (o) CHEOTHE AREST	BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a). Stating the underlying cause lost. Due to, or as a consequence of the constant of	>142,

2/84	BENIEW PROSTA				S OF DEATH?
	Th. TIME OF INJURY HOUR A.M. MONTH DAY YE	21c. HOW INJURY OCCURRE		YES THE ITEM IS PART I OR PART 21	NO []
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 1	9			
	le. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
220 t certify the (1) (this hospital) of	4/5/84 19	, and that in (my) (our) opinion do	, to	7 , 19 te and hour and fram th	that (1) we) le

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN

BALTO.

PHYSICIAN | DIRECTOR | PHYSICIAN HOSPITAL

	MICHAEL	G. M	ACON	900	S. CATEN	AVE	2122
_							
	DUDIAL CREALITICAL REALOW	44 DAY DAYE	72. NIA AAE	OF CEMETERY OR COL	A A TODAY 1224 LOC ATION		

230. BURIAL, CREMATION, REMOVAL MENDOWRIDGE
MENDOWRIDGE
MENDOWRIDGE CITY OR TOWN STATE BURIAL 71: EL4RIDGE MO HUWARD 250 DATE REC'D. BY REGISTRAR 26 REGISTRAR'S SIGNATURE TO A PR 4 1984 Julia Davidson-Randelle ADDRESS

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR hospitol

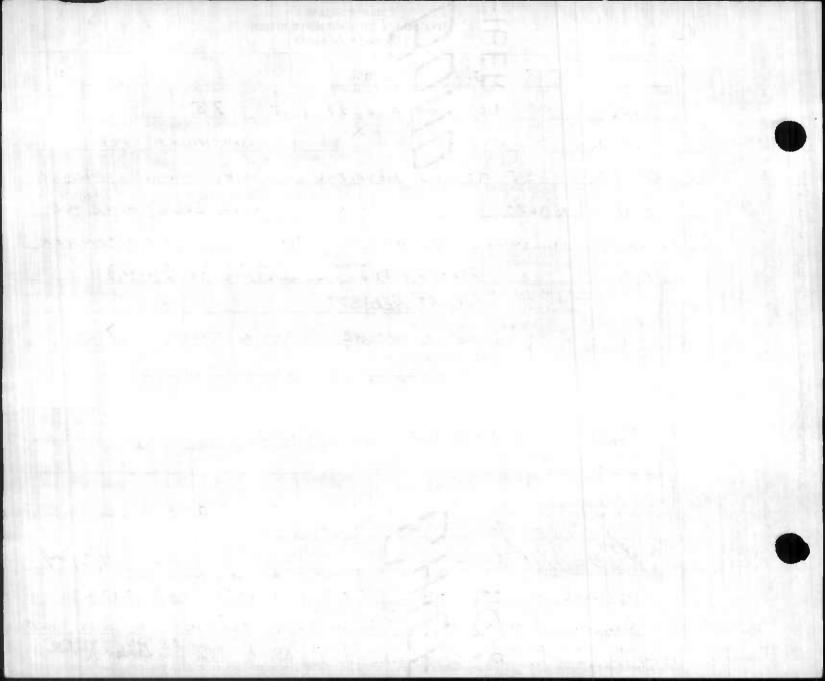
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HOSPITAL

os the buriol-tronsit permit. certificate hos

should be detoched for use as the buriol-transit per with the State Dept of Health and Mental Hygiene MPORTANT: If Hem 21 is morked or Item 18

WEST FRIENDSHIP MO



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican should be detacked for use as the burial-transit permit. Then please remove corbon papers with the State Dept. of Health and Mental Hyaiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is mark than the throws ony injury, or other troumotic event,

3	TATEUF	MA	RYL	AND

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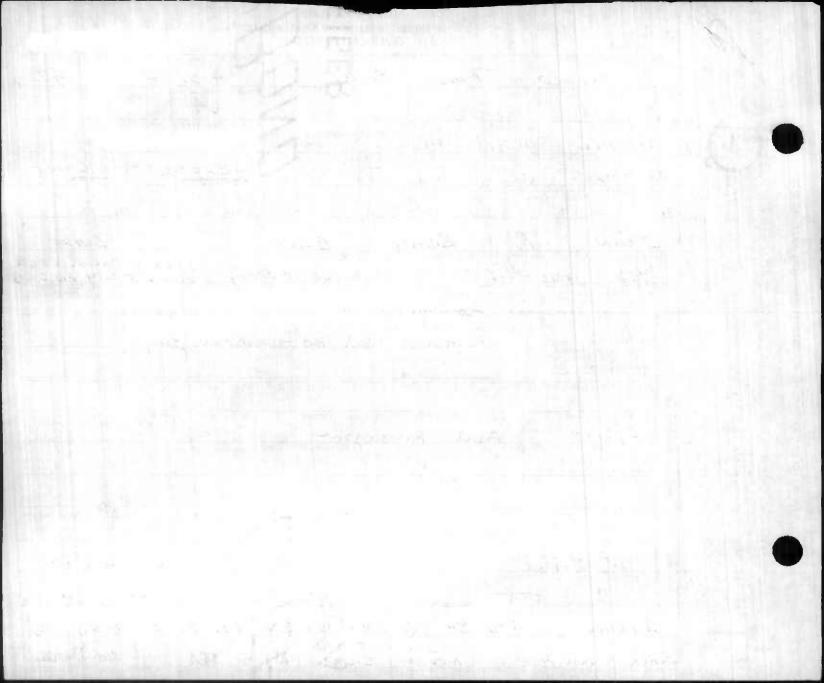
	1-	STATE REGISTRAR	DEPA	CERTIFICA	IH AND MENTAL HTGI TE OF DEATH				
1	1. DEC	CEASED NAME FIRST	WIDDLE	LAST		REG. NO	MONTH DA	Y YEAR	26 HOUR
1		Francis	Thomas	Bras	11	4/3/	84		1420 M
	3. SEX		4. RACE	5. DATE OF BI		S. AGE SHITEARS LAST BIRE		UNDERTYEAR	IF UNDER 24 HRS
4		male	white.	MONTH /2 -	- 9- 19	64	YRS.	INTHS DAYS	HOURS MIN
4		RTHPLACE (STATE OR FOREIGN QUINTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED	NEVER MARRIED	BALTIMORE CITY O	R COUNTY C	F DEATH	317/10
	-	NEW YORK	United State	SWIDOWED	DIVORCED [عمد ر	of they MD.
1	7	ALTIMORES	11. NAME OF HOSPITAL, NUR	REST ADDRESS S	1, -	TYPE OF WORK FOR MOSTO		INDUSTRY	E BUSINESS OR
,	-	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEF	FORE ADMISSION)	7770070	STREET ADDRESS	740 CODE	1	21043
7	m	ory/and How	and Ellico	H City YE	S NOW		RE GREE	N Cik	2
Z	M. FA	THER'S NAME	MIDDLY	15.	MOTHER'S MAIDEN NAM	MIDDLE		IASI	1
4	-	JOHN	P. BRY	104	ELLEN	ADDRE	cc	BU	9DY
1	160 W	AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17.	INFORMANT	, 30	22-0	OAK 6	PEEN CIR.
1	_	763 6/42	- 795 103 - 0	1-1175 19	s. Lucille pi	andy 61	LICOTT		MO Z.443
1		PART I. DE ATH WAS CAUSE	nly one couse per line for (a), (b), ED BY:					BETWEEN	MATE INTERVAL DISET AND DEATH
1		IMMEDIA"	TE CAUSE (0) Exacting		1~		-		
		7713	DUE TO, OR AS A CONSEC	QUENCE OF	2 1 1	No acres de	e la		
1		Canditions, if any, which gave rise to immediate	(b) NO 157 DE	Ed Apt	1 Aprile	hneurg	sho		
		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	QUENCE OF		V			
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NO	RELATED TO THE TERMI	INAL DISEASE OR CONT	DITION GIVEN	N IN PART 110	,
-	O								
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATION W	AS PERFORMED	200 AUTOPSY?		WERE FINDIN	
4	RTIF	4/3/84	Abol	Aneury		YES NO	YES		NO 🗌
ì		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	TIB. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	JY IN ITEM IS PAR	T I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19					
	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC		LOCATION	CITY OR TO	WN	COUNTY	STATE
1		AT WORK	ital) attended the deceased fra	Avac	3 10 84	to Apr 3	16	24	that (1) (we) last
4		saw the deceased alive an	19		ot in (my) (aur) apinion d		ate and hour o		, , ,
		22b. SIGNATURE	at) view the body after death.	DEG	REE			27c. DATE :	SIGNED
		C xt. Ott	The state of the s		ATTENDING PHYSICIAN	MEDICAL STAF		14/21	183
7		THE PHYSICIAN'S NAME TYPE	OR PRINT)	220	. ADDRESS			111	**
		C Gil	pert		22 5	Greene	2 51	Ba	Himor.
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23	3c. NAME OF CEME	TERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		BURIAL	4-6-84 1	RESTLAN	N MOM. G.DN	1 avrewasy		BURRY	mD
	24 FU	INERAL DIRECTOR	ADGRES	MICOTT	CILA	REC'D. BY REGISTRAR	1 A. K	AR'S SIGNATI	D. J. CO
	221	HCK FUNGRAL HO	me morey	HUND ZU	OYZ APF	16 1984	Tuna	~ 140074-I/	MARION

DHMH - 16 50M 4/83

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(VRA 15, 4)

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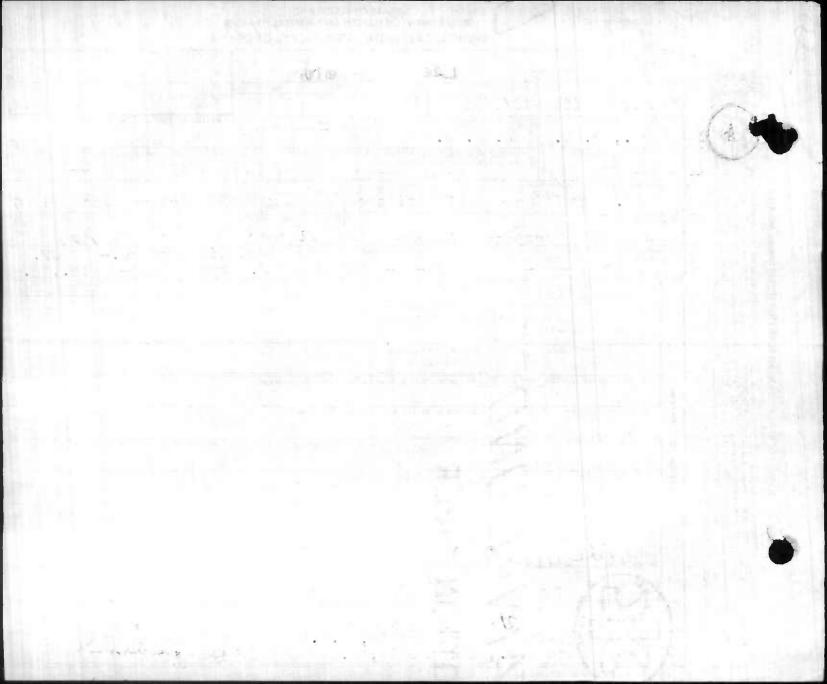
BP. **DHMH - 17** (VR A15 ME (5)) 20M 4/82

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

		REGISTRAR		MEL	JICAL EX	AMINEK	2 CEKIIL	CALEC	JE DEA!	REG	, NO.			
		CEASED NAM	E FIRST		MIDDLE		LAST		20	DATE KNOWN	XX MONTH	H OAY	YEAR	26 HOUR
1		E OR PRINT)	Dorot		Lee	75000	candenb	The state of the s		OF ESTI- DEATH MATED		4-18		м
	3. SEX		4. RACE	5. DATE OF BIRTH			IF UNDER 1 YR				MONTH	H DAY	YEAR	2d HOUR
	Fe	male	White	12/2/45	3	YRS.	MONTHS DAYS	HOURS	MIN. PF	DEAD DEAD		4-18	1984	13:45
1	70 BI	RTHPLACE (5	TATE OR	76. CITIZEN OF WH	AT COUNTRY	(? B A	AARRIED 20 N	EVED MADD	9.	BALTIMORE CIT		The second second	The second second	
1		ash.,	D. C.	U. S.		W	DOWED [DIVORC	CED 🗆	Baltimor	e Cit	У.		MD.
1	1	TY OR TOWN		II. NAME OF HOSE			OTHER INSTIT	UTION	JOR MC	AL OCCUPATION OST OF WORKING LIFE	(TYPE OF WORK	K 126 KIN	ND OF BUS	
1	1	iltimor		St.	Agnes	Hospita	al		Hou	USEWIJE USEWIJE	1			
5	USUA Ide Si	Md.	(IF IN NURSING NOME OF	ROTHER INSTITUTION, GIV TY TMORE		TOWN TIMOR	e 13d. INSIDE	(ITY LIMITS? NO 🏝	13e STREE	O Kirk	wood	Roa	id 2.	1207
5	I FA	ATHER'S NAME		MIDDLE	LAST	,	15 MOTI	HER'S MAIDE	ENNAME	MIDDLE			LAST	
1	/	Jose	ph Ai	nthonu	Uzup		E	tean	or	Aldon	a B	urut	a	
h	Isa. W	VAS DECEASEI	DEVER IN U.S. ARA	AED FORCES?	166. SOCIAL	SECURITY NO		and a	670 F	Kirkw88	as Rd	2	120	7.
		No	0		214-	46-12	00 Edu	pard.	J. B1	randenb	urg-1	Balt	01	Vd.
		18 CAUSE O	F DEATH (Enter on	y ane cause per line								API	PROXIMATE	INTERVAL AND DEATH
		PARTIDE	ATH WAS CAUSED	E CAUSE (a) F	atty L	iver						OE IV	ELM OMBET	ALTO DEATH
		3/1	8		AS A CONSEC	QUENCE OF								
			ns, if any, which se to immediate	(b)										
			stating the under-	DUE TO, OR	AS A CONSEC	QUENCE OF								
		lying cau	ise last.	(c)										
		PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMINAL	DISEASE OR CONDIT	ON GIVEN IN PA	ART 1 (a)					
	ON													
1	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	196 CONDIT	ION FOR WH	ICH OPERATIO	ON WAS PERFO	RMED?					utopsy?	
1	CER		AL CAUSE WAS	216. TIME OF			Tr. HOW INJUR	Y OCCURRE	ED (ENTER NA	TURE OF INJURY IN ITE	M 18 PART 1 OR		7171	
7	AL.	UNDERLYING	OR NG CAUSE OF D		MONTH DA	19								
	EDIC	21d INJURY C		21e PLACE O	FINJURY (A		LOCATION							
ď	W	WHILE AT WORK	NOT WHILE	STREET, FACTO	ORY, FARM, ETC.}		STREET		3	CITY OR TOWN	C	COUNTY		STATE
7		220. I certi	fy that I took charg	(heac e of the remains desc	only)	held an	Autopsy XX.	Inspectio	on .	Inquiry .	and in my	apınıan		
Н		death result	ed from Natur	al causes XX.	Accident	, Suicle	Ham	icide .	Undeter	mined manner].			
		ACTUAL A	NO.	SF	X.	U/1 /	in I THE	SPECIFY)						5.74
,		SIGNATURE.	acqu	me X	Muy	5001	ASS ASS	istant	t_MEDIC	AL EXAMINER	SIGN	NED	4-19-	-84
4	The same of the sa	EXAMINER'S	NAME		.//									
7		(TYPE OR PRI	vi) Dei	nnis F. Sm		1.D.	ADDRESS			n Street	-			
	23a.Bl	PECIFY)	TION, REMOVAL 2	A			RY OR CREMA		23d LOC	TOWN	cç	YTAUC	STA	ATE
	04.5		rial	4/20/84		don Po	ark Ce	meter	ry- E	saltimo				1
	74. FL	JAME DIREC	Sterl	ing Fune	ral E	state	, P.A.	750. DATE	REC'D. BY R	REGISTRAR 255 R	registrar's	SIGNATU	JRE C.O.	
	/	20 E.C.T	ronason	AUP. C	atons	1) 7 / 10	Wd. 272	D& Ph	-724	TOO N BY LAY	ATLANTON TO	MADE TO STATE OF THE PARTY.	The of	Se 1



executed within 24 hours ofter death Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN The low mayings that the death certificate be

STATE OF MARYLAND

1	- STATE REGISTRAR	DEPA	CERTIFICATE O		REG. NO			
	DECEASED NAME THE LEGISLATION OF	#iDDLE	Brancherbe	189 SK 20		S 36	84	2 pm
15	mole	White	5 DATE OF BIRTH	The second secon	87	MONTHS WELL		NDER 21 HRS JRS MIN.
Ju.	COUNTRY Hali	U.S. A.	MARRIED NEVE	ER MARRIED DIVORCED	BOHON	COUNTY OF DE	ATH /	MD.
B	Baltimore	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER II	NSTITUTION II	Lo Store	17.00	KIND OF BUSTRY	siness or
	mp Ca	OR OTHER INSTITUTION GIVE RESIDENCE BI	OWN 13d INSID	NO 🗌	STREET ADDRESS	ZIII COOK	21	7821
1	Dorsey	W. Brande	in burg 15. MOTH	ER'S MAIDEN NAME	A AMERICA	Ph	11/1/6	25
2		IVE WAR OR DATES	3. 1987 LOUI	ise Brand	enburg -	Sykesv	ille,	Md-
	PANT I. DEATH WAS CAUS	inly one couse per line to 101, (b ED EY NTE CAUSE (o)	iopulno	vary C	Direst		APPROXIMATE BETWEEN ONSET	AND DEATH
-	Canditions, if any, which	DUE TO, OR AS A CONSE	OUENCE OF					
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF					
NOI		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT			ITION GIVEN IN	PART No	
CERTIFICATION	4/23/84	Bustused	Right Iliac	HURUSEM.	20e AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF D	
		HOUR A.M. MONTH	DAY YEAR	/ INJURY OCÉURRED	(ENTER NATURE OF INJURY	Y IN ITEM 18 PART I OF	PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	211 LOCA STI	ATION REET	CITY OR FOW	vn co	DUNTY	STATE
	saw the deceased alive a	n 1 ottended the deceased from 1 ot) view the body alter death	22	my) (aur) opinion deat	to	26 19 te and hour and f		(I) (we) last es stated
	17h Signature	n Raplan	DEGREE	PHYSICIAN DI	AEDICAL STAFF	F	HO6	184
	22d PHYSICIAN'S NAME (TYPE	ORPRYTT) HAPZAN	22e ADDI	ivai Has	p. Ba,	Himore,	MD.	
L	BURIAL, CREMATION, REMOVA (SPECIFY) BUSICO	1 236. DATE 4-30-84	Spung Li	20 Ceme	T3d LOCATION CITY OF TOWN Suke	sville	Carol	l His
24	FUNERAL DIRECTOR NAME HOUVEU	(e). Hought DORE	5 Supesur	lle MAY	2 1984	Julia Dav	SIGNATURE	indesse

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and should be detected for use out the building securit. They please promoves carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to building or removal.

retained by the hospital or attending physician

lary, or other traumatic evental

IMPORTANT: # Hem 21 is marked or litera

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE CEPTIEL

CATE OF DEATH	REG. N	10.				
BRANTLEY	20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR	

REGISTRAR					REG. N	10.		
DECEASED NAME FIRST	MIDDLE	- A	BRANTI	LEY	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(TYPE OR PRINT) VANE	SSA 6	BRANT			APRIL 11	1. 19	84	9:03 /
3. SEX	4. RACE	5. DATE O	F BIRTH		AGE (IN YEARS LAST B		MONTHS DAYS	IF UNDER 24 HRS
Female	Black	монтн 2.	1 1	59	25	YRS.	MONTHS DATS	MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8	D NEVER MA		BALTIMORE CITY	OR COUNT	Y OF DEATH	
/irginia	U.S.A.	WIDOWE		RCED [BALTIMO	ORE C	CITY	ME
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		R OTHER INSTIT	UTION	120 USUAL OCCUPA			OF BUSINESS OR
BALTIMORE		HOPKIN	S HOSPI	TTAT.	(TITE OF WORK FOR MOST	OF WORKING !	INDUSTRI	
JOUAL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY		13e STREET ADDRESS	/ 7IP COD	Æ	· · ·
Maryland		timore		10 🗌	2105 W.		imore	St.212
4. FATHER'S NAME	MIDDLE LAST		15 MOTHER'S A		E MIDDLE			AST
Samuel	Turne		Vou		Milote		Bran	
IN WAS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMAN	Т	ADD	RESS		
TYES, NO OR UNKNOWN) (IF YES, G	213-8	86-0418	Vounda	a Turi	ner 2105	W. E	Baltimo	ore St.
18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b	b# and it	0			7	APPRO BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (o)	hopu	emos	nary	ane	21		
Conditions, if ony, which gove rise to immediate cause (0), stating the	DUE TO, OR AS A CONS	SEQUENCE OF	arong	1	Casis of	774040	4	o eng
gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	SEQUENCE OF F						years
gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	SEQUENCE OF F	N WAS PERFORA	MED	20a AUTOPSY?	20b. IF YE IN CERT	ES, WERE FIND IFYING CAUSE (ES []	S OF DEATH?
gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING 19b. CONDITION FOR WI 19b. TIME OF INJURY HOUR A.M. MONTH ER) P.M.	SEQUENCE OF F	N WAS PERFORM	MED JRY OCCURRE	20a AUTOPSY?	20b. IF YE IN CERT	ES, WERE FIND IFYING CAUSE (ES []	S OF DEATH?
gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DISTRIBUTING CAUSE OF DISTRIBUTING CONTRIBUTING CONTR	CONDITIONS CONTRIBUTING 19b CONDITION FOR WI 21b. TIME OF INJURY HOUR A.M. MONTH	G TO DEATH BUT H DAY YEAR 19	N WAS PERFORA	MED JRY OCCURRE	20a AUTOPSY?	20b. IF YE IN CERT Y	ES, WERE FIND IFYING CAUSE (ES []	S OF DEATH?
PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (WE ETHER NOTHEY MEDICAL EXAMINI 21d, INJURY OCCURRED WHILE AT WORK NOTH WHILE AT WORK AL WORK	CONDITIONS CONTRIBUTING 19b CONDITION FOR WI 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	G TO DEATH BUT WHICH OPERATION H DAY YEAR 19 WERCE FARM, ETC.)	21¢ HOW INJU	MED JRY OCCURRE	20a AUTOPSY? YES NO DENTER NATURE OF INI	20b. IF YE IN CERT Y	ES, WERE FIND IFYING CAUSE (ES	S OF DEATH? NO STATE
PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (WE STITHER NOTHEY MEDICAL EXAMIN) 21d. INJURY OCCURRED WHILE NOTHEY MEDICAL EXAMIN 22a.1 certify that (I) (this hasp	CONDITIONS CONTRIBUTING 19b CONDITION FOR WI 21b TIME OF INJURY HOUR A.M. MONTH ER) 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	G TO DEATH BUT H DAY YEAR 19 OFFICE FARM, ETC.)	21c HOW INJU	MED URY OCCURRE	20a AUTOPSY? YES NO CITY OF INTERNATURE OF INTERNAT	20b. IF YE IN CERT Y SOURY IN ITEM 18	ES, WERE FIND IFYING CAUSE (ES	S OF DEATH? NO
PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING MEDICAL EXAMIN 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22a.1 certify that (1) (this has sow the deceased olive on obove, (1) (we) (filed) (did in obove, (1) (we) (did in obove,	CONDITIONS CONTRIBUTING 19b CONDITION FOR WI 21b TIME OF INJURY HOUR A.M. MONTH ER) 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	G TO DEATH BUT WHICH OPERATION H DAY YEAR 19 OFFICE FARM ETC.)	21¢ HOW INJU	MED URY OCCURRE	20a AUTOPSY? YES NO DENTER NATURE OF INI	20b. IF YE IN CERT Y SOURY IN ITEM 18	ES, WERE FIND IFYING CAUSE (ES	STATE . that (I) (we) lose e couses stated
GOVE rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIVINITY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK AT WORK AT WORK 22a. 1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did in the country of the	CONDITIONS CONTRIBUTING 19b. CONDITION FOR W 19b. CONDITION FOR	G TO DEATH BUT WHICH OPERATION H DAY YEAR 19 OFFICE FARM ETC.)	216 HOW INJU	MED URY OCCURRE	Z00 AUTOPSY? YES NO CITY OF IN.	20b. IF YE IN CERT Y STURY IN ITEM IS	ES, WERE FIND IFYING CAUSE (ES	S OF DEATH? NO
90ve rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIEST WHILE AT WORK AT WORK 22a. I certify that (1) (this haspen saw the deceased alive on above, (1) (we) (did) (did in the lates) 22d. PHYSICIAN'S NAME (TYPE	CONDITIONS CONTRIBUTING 19b. CONDITION FOR W 19b. CONDITION FOR	G TO DEATH BUT WHICH OPERATION H DAY YEAR 19 OFFICE FARM ETC.)	216 HOW INJU	NED IRY OCCURRE	20a AUTOPSY? YES NO CITY OF TO to MEDICAL DIRECTOR PHYS	20b. IF YE IN CERT Y OWN date and ha	ES, WERE FIND IFYING CAUSE (ES	STATE that (I) (we) los e couses stated
GOVE rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIESTMEND C	(c) CONDITIONS CONTRIBUTING 19b CONDITION FOR WI 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OF	G TO DEATH BUT WHICH OPERATION H DAY YEAR 19 OFFICE FARM, ETC.)	216 HOW INJU 216 LOCATION STREET d that in (my) (a) DEGREE	JRY OCCURRE	Z00 AUTOPSY? YES NO OCCUPANT N	20b. IF YE IN CERT Y OWN date and ha	COUNTY 224 DAT BALTO	STATE STATE That (I) (we) lost e couses stated E SIGNED MD.
GOVE rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIESTMEND C	(c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WITH CONDITION FOR WIT	G TO DEATH BUT WHICH OPERATION H DAY YEAR 19 OFFICE FARM, ETC.) TO TO THE STATE OF THE STAT	216 HOW INJU 216 LOCATION STREET Ad that in (my) (a) DEGREE 22e ADDRESS JOH EMETERY OR CRI	JRY OCCURRE	Z00 AUTOPSY? YES NO CITY OP TO CI	206. IF YE IN CERT Y SURY IN ITEM 18 OWN AFF ICIAN ST	COUNTY BALTO COUNTY COUNTY COUNTY COUNTY COUNTY	STATE STATE that (It (we) lost to couses stated to the state of the
PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (# EITHER NOTHY MEDICAL EXAMIN) 21d. INJURY OCCURRED WHITE NOTHY MEDICAL EXAMIN 22d. I certify that (1) (this hosp saw the deceased alive o above, (1) (we) (did) (did in the company of t	(c) CONDITIONS CONTRIBUTING 19b CONDITION FOR WI 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OF DITO) offeeded the deceased for not view the body after death. OR PRINT) ON LL 23b. DATE 4/16/84	G TO DEATH BUT WHICH OPERATION H DAY YEAR 19 OFFICE FARM, ETC.) TO TO THE STATE OF THE STAT	216 HOW INJU 216 LOCATION STREET 3 4 4 d that in (my) (o DEGREE 22e ADDRESS 3 0/f /	JRY OCCURRE	Z00 AUTOPSY? YES NO OCCUPANT N	206. IF YE IN CERT Y SURY IN ITEM 18 OWN AFF ICIAN ST	COUNTY BALTO COUNTY COUNTY COUNTY COUNTY COUNTY	STATE STATE that (It (we) lost to couses stated to the state of the

DHMH - 16 50M 4/83 (VRA 15, 4)

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OR ATTENDING PHYSKCIAN. The law requires that the death certificate be executed within 24 haurs after in hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

09114

		REGISTRAR				ICATE OF DEATH		REG. NQ.		
		CEASED NAME FIRST EOR PRINT)	Ma	MIDDLE	Bray	AST	2a. DATE QF	AND A	DAY YEAR (2 (9)	26 HOUR 4 2 = 3
	3. SE	x Female	4 RACE Blac	k	5. DATE Q		6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER 1 YE	
		IRTHPLACE (STATE OR FOREIGN COUNTRY) Carolina	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWEI	D NEVER MARRIED		E CITY OR COU		
Ho		TY OR TOWN OF DEATH	11. NAME OF		IG HOME O	OR OTHER INSTITUTION	120 USUAL O	CCUPATION FOR MOST OF WORKIN	126. KIND	
9	130. 5	AL RESIDENCE (IF NURSING HOME O STATE 13b. COUI Maryland		GIVE RESIDENCE SEFORE 13c. CITY OR TOW Baltimo	N I	13d INSIDE CITY LIMITS? YES MO [13e. STREET A	DDRESS 3629 Baltimor	Libert e, Mary	y Heigh
OC)	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST Selena	ME	MIDDLE	Brya	nt
1		MAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GT	RMED FORCES?	238-48-		17. INFORMANT Allie M. Rob	ertson			
		Conditions, if ony, which gove rise to immediate couse (a), stating the	(b)_		IT Con	rcinoma				
	No	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(b)	RAS A CONSEQUI	ENCE OF	nal failure		OR CONDITION	GIVEN IN PART	lio
9	TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, Q	RAS A CONSEQUI CLIVEN DINTRIBUTING TO	ENCE OF	nal failure	200 AUTOR	SY? 20b. IF	GIVEN IN PART YES, WERE FINE TIFYING CAUS YES	DINGS USED
99	CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT S.C.	(b) DUE TO, O (c) CONDITIONS CO	RAS A CONSEQUI CLIVEN DITRIBUTING TO I	COL ENCE OF COL DEATH BUT I	nal failure NOT RELATED TO THE TERA	200 AUTOF	PSY? 206. IF	YES, WERE FINE RTIFYING CAUS YES []	DINGS USED ES OF DEATH NO
9	MEDICAL CERTIFICATION	gove rise to immediate couse (D), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, O CONDITIONS CO 19b. COND 19b. COND ATH P. 21b. PLACE	R AS A CONSEQUID CLIVEN DATRIBUTING TO I	DEATH BUT I	nal failure NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOF	PSY? 206. IF	YES, WERE FINE RTIFYING CAUS YES []	DINGS USED ES OF DEATH NO
9		gove rise to immediate couse to i, storing the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 1/18 EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp saw the deceosed alive or obove, (1) (we) (did) (did in	(b)	R AS A CONSEQUING TO INTO POR WHICH SE INJURY M. MONTH DO M. OF INJURY REEF, FACTORY, OFFICE, F	OPERATION AY YEAR 19 19 19 19 19 19 19 19 19 1	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 22 19 24 d that in (my) (our) opinion	200 AUTOF YES CHEEN NATE	206. IF IN CEI	YES, WERE FINI RTIFYING CAUS YES 18 PART I OR PART 2 COUNTY hour and from the	DINGS USED ES OF DEATH NO
99		gove rise to immediate couse (D), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE LITHER NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AL WORK 220.) Certify that (I) (this hosp saw the deceased alive or obove, (I) (We) (did) (did not 22b. SIGN ATURE	DUE TO, O (c) CONDITIONS CO 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE [AT HOME, STI	R AS A CONSEQUING TO INTO POR WHICH SE INJURY M. MONTH DO M. OF INJURY REEF, FACTORY, OFFICE, F	OPERATION AY YEAR 19 LAME ELC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 2 / 19 d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN (200. AUTOF YES RED (ENTER NATU death occurred MEDICAL DIRECTOR	20b. IF IN CEI NO DIE OF INJURY IN ITEM CITY OR TOWN On the date and STAFF PHYSICIAN	YES, WERE FINI RTIFYING CAUS YES 18 PART I OR PART 2 COUNTY 19 4 hour ond from the second	DINGS USED ES OF DEATH NO STA
99	MEDICAL	gove rise to immediate couse to i, storing the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 1/18 EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp saw the deceosed alive or obove, (1) (we) (did) (did in	DUE TO, Q CONDITIONS CO 19b. COND 19b. COND ATH HOUR A. R) 21b. TIME O HOUR A. FILL 11b. PLACE IAT HOME. STP APPL OR PERMIT NG LZA	R AS A CONSEQUID CLIVEN DISTRIBUTING TO I SET INJURY M. MONTH DA OF INJURY REET, FACTORY, OFFICE, F de deceased from 12 19 ofter death.	OPERATION AY YEAR 19 PARM ETC) MAYLL A COMMENT COMM	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 21f. LOCATION DEGREE ATTENDING PHYSICIAN 122e. ADDRESS.	200. AUTOF YES RED (ENTER NATU death occurred MEDICAL DIRECTOR	208. IF IN CEI NO DINIURY IN ITEM CITY OR TOWN OTHER DOT HOUSE ON THE DOT	YES, WERE FINI RTIFYING CAUS YES 18 PART I OR PART 2 COUNTY 19 4 hour ond from the second	DINGS USED ES OF DEATH NO

DHMH - 16 50M 4/B2 (VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

E	6.5	0	9	1	1	8
		EC NO			-3-	

= STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	100	
I. DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26. HOUR
(TYPE OR PRINT)	THELMA	В	LANCHE	BRJ	EEDEN		4	13 84	10pm
3. SEX		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
FEMALE		, WH	ITE	04	22 05 T	18	YRS.	MONTHS DAYS	NOURS MIN.
70. BIRTHPLACE (STA	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	RCOUNTY	OF DEATH	
MARYLAN		03	A	WIDOW	DIVORCED [Ba	time	oreci	ty MD.
Baltim	ore	Merid	ian Cato	n Ma	OR OTHER INSTITUTION	12g. USUAL OCCUPAT TYPE OF WORK FOR MOST OF SECRETAR	OF WORKING LIF		OF BUSINESS OR
MARYLAND	IF NURSING HOME OR		GIVE RESIDENCE BEFOR 13t. CITY OR TOW BALTIMO	e admission) /N RE	136. INSIDE CITY LIMITS?	130, STREET ADDRESS 403 LONG	ISLANI	DRIVE	, 21229
14. FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		141	5.7
MARTIN			TODD		MINNIE (N	MARY) B.		GARDŃ	ËR
160 WAS DECEASED		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDR			
NO	WN) (IF 125, GIV	E WAR OR DATES	218-01-	9223	ROBERT M. BI	REEDEN 113	O CIRC	CLE DR.	, 21227
Canditians, if gave rise to cause (a), underlying	f any, which o immediate stating the cause last	DUE TO, O (b) DUE TO, O (c) CONDITIONS		ENCE OF	ALCO DE NOT RELATED TO THE TERM	AINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \text{NO} \text{PO}	20b. IF YES	VEN IN PART 11 S, WERE FINDII FYING CAUSES	NGS USED
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING CIG CAUSE OF DEA IFY MEDICAL EXAMINER CCURRED	HOUR A. P. 21e. PLACE	M, MONTH D M.	19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		PART 1 OR PART 2)	STATE
22a. I certify the	hat (I) (this hespi leceased alive an (we) (did) (did no	the body	7 - 19	64.0	nd that in (my) (our) opinion DEGREE ATTENDING	death accurred on the d		ur and fram the	that (I) (we) last couses stated
AJA		3/401	22	NAME OF	PHYSICIAN E	POIRECTOR PHYSI		lero u	2/064
230. BURIAL, CREMA (SPECIFY) BURIAL		23b. DATE 04-17-			INE PARK	WOODLAWN	BAT!	TIMORE	MARYLANI
24. FUNERAL DIRECT	OR		ADDRESS		21229 250. 0		256. REGIST	TRAR'S SIGNA	TURE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

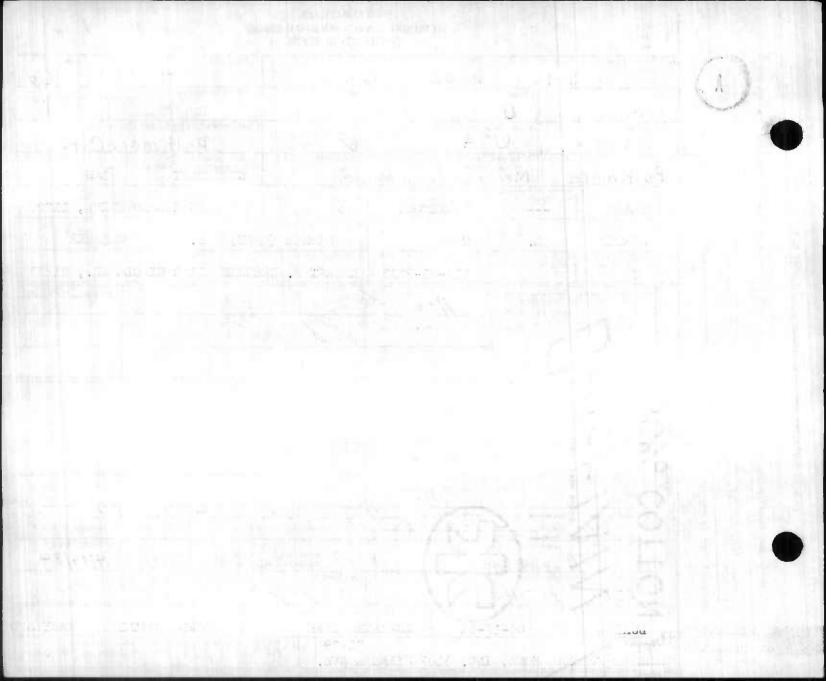
TO FUNERAL DIRECTOR, After should be detached for use on the with the State Dept. of Health on

TO HOSPITAL OR ATTENDING PHYSICIAN. The in-retained by the bospital or othersding physician.

injury, ar ather troumotic event, #

MPORTANT, If Item 21 is marked or Item 18 shaws any

this certificate but been ugued by the ottending of burnel than please remove confidence of Mental trygens prior to buriol, cremation, or removed.



the buriof-transit permit. Then

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4

09//6

-	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.			
	CEASED NAME	FIRST		MIDDLE	U	AST		20. DATE OF D	EATH M	HIMON	DAY YEAR	2b HOUR
(TYPE	OR PRINT)	Oliver	1	Vernon	Br	eitenba	ach		4	+ 9	9 84	9:00 _M
3. SE)	(4.	RACE		5. DATE O	-	Wf 40	6. AGE (IN YEAR	S LAST BIRTH	DAY	MONTHS DATS	
7	Male		Whit	e	5 MONTH	8	20	63		YRS.		
(RTHPLACE (STATE OF COUNTRY) ryland	R FOREIGN 76	U.S.	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER A	AARRIED	9 BALTIMORE Ba	1timo			MD
10 CI	TY OR TOWN OF DE	ATH 11	I NAME OF H	HOSPITAL, NURSIN HEACHTY, GIVE STREET A	G HOME C			120 USUAL OC (TYPE OF WORK FO Forema	CUPATION DR MOST OF Y	N WORKING L	12b KIND INDUSTRY Indus	OF BUSINESS OR Shipping
13a S	AL RESIDENCE (IF NU STATE ryland	Balti	1	GIVE RESIDENCE BEFORE 130. CITY OR TOWN Balto. Hi	N		NOXX	13e STREET AD 2903	DRESS / 1	zip cod ma A	venue	21227
14 FA	THER'S NAME FIRST Willia		DDLE B	reitenbac	ch		MAIDEN NA		MIDDLE	82	Zoe1	ler
(1	VAS DECEASED EVE YES NO OR UNKNOWN) YES	(IF YES GIVE V	D FORCES? VAR OR DATES)	214-16-5		Glori		reisenba	ach 2			
	Conditions, if on gave rise to in cause (a), statunderlying cause	nmediate ting the	DUE 10, 0	R AS A CONSEQUE	tell	i nugo	eurbio	luifor	etin Ocul	4/1	recuia.	ruce .
NOIL				ONTRIBUTING TO D								
CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	YES 1		IN CERT	ES, WERE FIND IFYING CAUSE (ES]	
CAL CER	210. ACCIDENT WAS U OR CONTRIBUTING [{IF EITHER NOTIFY ME	CAUSE OF DEATH		PEINJURY M. MONTH DA M.	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATU	RE OF INTURY	IN ITEM 18	PART I OR PART ?)	
MEDICAL	WHILE NOT ALL WORK	WHILE ORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET			CITY OR TOW	14	COUNTY	STATE
	saw the dece above, (1) (we) 22b. SIGNATURE			V 19		nd that in (my)	(our) opinion	death occurred	on the dot		22c. DAT	E ŞIGNED.
	22d PHYSICIAN'S	4		net		22e ADDRES		MEDICAL DIRECTOR	STAFF PHYSICI	AN 🗌	4	120184.
	Dr. Awa1		KIN()					. HANO	VER	5,		

TO FUNERAL DIRECTOR: After should be detached for use os with the State Dept of Health IMPORTANT: If Item 21 is 230 BURIAL, CREMATION, REMOVAL

FOR

BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B3

236 DATE 4/12/84 Burial

Dr. Awalt

23c NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pk.

Elkridge

Howard Maryland

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

APR 1 1 000 Julia Davidson-Pandson

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	1.00		per liber			
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		ir self cycle				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CER

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TIFICATE O	F DEATH	REG. NO

100	" KEO STROKE							REG. NO.				
	CEASED NAME FIRST		MIDDI E		LAST		2a. DATE OF D		_	YEAR	26. HC	
117.25	HAT	TIE		В	RICE		APRIL	25,	1984	:	12	2:23,
3. SE	X '- •'	4 RACE		5. DATE O			6. AGE (IN YEAR	RS LAST BIRTHDAY)		INDER 1 YEAR		DER 24 HRS
13.	Fome 1 a	p.1	1-	MONTH 8	18	12	-	71	MON	THS: DAYS	HOUR	MINL
200	Female WRTHPLACE (STATE OR FOREIGN		ack WHAT COUNTRY?	8			9. BALTIMORE	_	UNTY OF	DEATH	_	
	COUNTRY)				D NEVER			IMORE				
	S. Carolina		S.A.	WIDOWE		VORCED [MD.
10	ITY OR TOWN OF DEATH	LE NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)			120 USUAL OC	CUPATION OR MOST OF WORK		12b. KIND O INDUSTRY)F BUSI	INESS OR
24	BALTIMORE		JOHNS HO			PITAL						
USU 13a	STATE 13b. COU		GIVE RESIDENCE BEFORE		1 13d INSIDE C	ITY LIMITS?	13e.STREET AD	DRESS / 7IP	CODE			
1000	aryland	, , , ,	Baltin		YESX X	NO 🗍		E. Ho		an St	2	1213
-	ATHER'S NAME					S MAIDEN NA	ME					
17	FIRST	MIDDLE	Hall		To	ddie		MIDDLE		IAS	šΤ	
100	King Was deceased ever in U.S. A	D. 15D 50 D. 55A	166 SOCIAL SECU	DITY NO	17. INFORMA			ADDRESS				
	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES										
La	NO		217-26-	-3596	A Ro	sa Bri	ice 252	.9 E,	Hoff			
7700	18 CAUSE OF DEATH (Enter of	inly one couse per	ling for (a), (b), one	diciil		10				BETWEEN	ONSET A	NTERVAL AND DEATH
1 100	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (o)	Kree	57	0)	\			5	4	76
400	1749										7	
603	Conditions, if any, which	(R AS A CONSEQUE	NCEOF								
0	a contract of the contract of	(p)—										
-	underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF								
R.		(c)										
-	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	AIN AL DISEASE (OR CONDITIO	n Given	IN PART 11	0	
CERTIFICATION												
S	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFC	DRMED	20a AUTOP			ERE FINDING CAUSES		
H							YES 🗍	NOT	YES [NO	
1 8	21a. ACCIDENT WAS UNDERLYING					JURY OCCUR	RED (ENTERNATU	RE OF INJURY IN H	EM 18 PART	OR PART 2)		
	OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DA									
MEDICAL	21d. IN JURY OCCURRED		M. OF INJURY	19	211. LOCATION	ON						
A M	WHILE NOT WHILE		REET, FACTORY OFFICE, F	ARM ETC)	STREET			CITY OR TOWN		COUNTY		STATE
	AT WORK AT WORK				4	-0	7	4/28		art		
	22s.1 certify that (1) (this has			25/	15	- 19	to	7 / 3	19.	/		l) (we) lost
	obove, (I) (we) [chid] alia	n pt) view/hn body	offer death.	-	nd that in (my)	(our) opinion	death occurred	on the date or	nd hour or	nd from the	couses	stoted
	72h SIGNATURE	1/	1 /	/	DEGREE					22c DATE	SIGNE	ED
	C/L V	1/1	$\sim \nu$			ATTENDING PHYSICIAN [MEDICAL	STAFF PHYSICIAN	KI	4	12	T
1	THE PHYSICIAN'S NAME STYPE	OR REMAIL)	7		1220 ADDRES		J DIRECTOR L		600	,	C	
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	BURIAL	4/30	84 Ce	edar	Hill	Cem,	Anne	arun	idel	Co,		MIQ.

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If Hem 21 is marked or Item 18

RELEASERIOAS UNALECTED DRASTENST BALTIMORE MARYLAND 21201

(VRA 15, 4)

24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Avenue PR2

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	IO HOSPITALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pa

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directly should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land 2 should be filled within 72 hours it with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. injury, ar other traumatic event, the

DEP

STATE OF MARYLAND		13
ARTMENT OF HEALTH AND MENTAL HYGIENE	100	U
CERTIFICATE OF DEATH		REG. NO.

		REG. N	10.			
0	DATE OF					26. HOUR
		AI	PRIL	1,	1984	7:40A.

9118

DECEASE NAME ANNA M. B. BRIDGE BRIDGE ANNA M. B. BRIDGE ANNA ANNA M. B. BRIDGE ANNA ANNA M. B. BRIDGE ANNA	REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.		
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22a.1 certify that (1) this haspital attended the deceased from JANUARY 28 19 84 10 APRIL 1 19 84 10 that (1) colors saw the deceased alive an APRIL 1 19 84 10 obove, (10 colors) (10 col	OR CONTRIBUTING		5115			Left Aug N				
22a.1 certify that (1) this haspital attended the deceased from JANUARY 28 19 84 10 APRIL 1 19 84 10 that (1) colors saw the deceased alive an APRIL 1 19 84 10 obove, (10 colors) (10 col	21d. INJURY OC		21e PLACE				-	00.1004	COUNTY	67.478
226. I certify that (1) this haspital attended the deceased from JANUARY 28 19 84 10 APRIL 1 19 84 10 that (1) also sow the deceased alive on APRIL 1 19 84 10 above, (1) and (1) along the date and have and from the couses stated above, (1) and (1) along the date and have and from the couses stated above, (1) and (1) along the date and have and from the couses stated above, (1) and (1) along the date and have and from the couses stated above, (1) and (1) along the date and have and from the couses stated above, (1) and (1) along the date and have and from the couses stated above, (1) and (1) along the date and have and from the couses stated above, (1) and (1) along the date and have and from the couses stated above, (1) and (1) along the date and have and from the couses stated above, (1) and (1) along the date and have and from the couses stated above, (1) and (1) along the date and have and from the couses stated above, (1) and (1) along the date and have and from the couses stated above, (1) and (1) along the date and have and from the couses stated above, (1) and (1) along the date and have and from the couses stated above, (1) and (1) along the date and have and from the couses stated above, (1) along the date and have and from the date a	AALSITE I	NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE	, FARM, ETC)	STREET	CII	Y OR TOWN	COONIT	STATE
saw the deceased alive on APRIL 1 19 84, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (live) (did not) view the body after death. 726. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN APRIL 1, 1984 PHYSICIAN'S NAME (TYPE OR PRINT) M. L. BIJPURIA MXXXXXXXXXXXX PROADWAY MXXXXMXXXX REMOTE 1236 NAME OF CEMETERY OR CREMATION 1236 LOCATION 130. BURIAL, CREMATION, REMOVAL 1236. DATE 1236. NAME OF CEMETERY OR CREMATORY 1236. LOCATION			tal attached th	on deceased from	JANUA	RY 28 10 84	. APR	TIL I	10 84	that it @last
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR] 19	84 0	nd that in (mv) (aur) opinia	, , , ,	the date and h		
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN APRIL 1,1984 272d PHYSICIAN'S NAME (TYPE OF PRINT) M. L. BIJPURIA MXXXXXXXXXXXX PROADWAY HXXXXMMPBALTIMOPE, MARYLAND 2123 308 BURIAL, CREMATION, REMOVAL 1236. DATE 123c NAME OF CEMETERY OF CREMATORY 123d LOCATION 123d NAME OF CEMETERY OF CREMATORY 123d LOCATION	above, (I)	we) (did did no	at) view the bady	after death.						
PHYSICIAN DIRECTOR PHYSICIAN APRIL 1,1984 272d PHYSICIAN'S NAME (TYPE OR PRINT) M. L. BIJPURIA MXXXXXXXXXXXX BROADWAY, MXXXXXMMRBALTIMORE, MARYLAND 2123 308 BURIAL, CREMATION, REMOVAL 1236. DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION	220. SIGNATUR	M	Sipn	~~			MEDICAL	STAFF	ZR. DAI	ESIGNED
M. L. BIJPURIA CHURCH HOSPITAL CORPORATION, 100 N MXXXXXXXXXX PROADWAY MXXXXMXXX 38 BURIAL CREMATION, REMOVAL 236 DATE 1234 NAME OF CEMETERY OF CREMATORY 23d LOCATION 1236 NAME OF CEMETERY OF CREMATORY 23d LOCATION						PHYSICIAN			APRI	L 1,1984
MXXXXXXXXXX PROADWAY MXXXXMXXXX 38 BURIAL, CREMATION, REMOVAL 1236. DATE 1234. NAME OF CEMETERY OR CREMATORY 1236. LOCATION						22e ADDRESS	RCH HOSPT	TAL COR	PORATIO	N. 100 N
38 BURIAL, CREMATION, REMOVAL 236. DATE 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION		111-111								
(SPECIEV) * CITY OR TOWN COUNTY STATE				230	NAME OF C		23d. LOCATIO	N	,	

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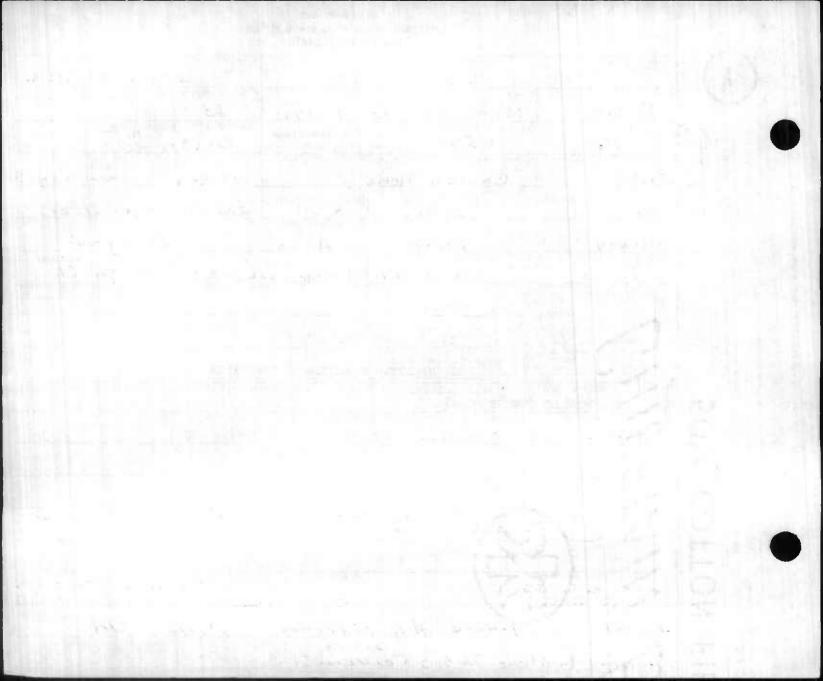
(VRA 15, 4) LANNINO

24 FUNERAL DIRECTOR

FOR - STATE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4.

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i	- STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO). —	
	1. DECEASED NAME FIRST (TYPE OR PRINT) FAMILE	WIDDLE	P	RICL	20. DATE OF DEATH	WONTH DAY YE	26 HOUR 8150 M
	3 SEX EMALE	1. RACE Caucas	IAN 5. DATE O	F BIRTH 1899	6. AGE (IN YEARS LAST BIRT	MONTHS I	YEAR IF UNDER 2 HRS. DAYS HOURS MIN.
7	COUNTRY SIA	76. CITIZEN OF WHAT CO	UNTRY? 8 MARRIEL WIDOWE	NEVER MARRIED DE DIVORCED	9 BALTIMORE CITY OF	COUNTY OF DEAT	MD.
2	BA 6.	11. NAME OF HOSPITAL,	IVE STREET ADDREAS	ROTHER INSTITUTION	TYPE OF HOUSEW I	FE INDUS	HOME
5	USUAL RESIDENCE (IF NURSING HOME 130. STATE	ON OTHER INSTITUTION, GIVE RESIDEN	DATASTOWN	YES NO		IP CODE PER	Dr .21133
1	FATHER'S NAME HARRY	MIDDLE ROSE	WFELD	FREBECC		UNI	KNOWN
2	(NOOOR UNKNOWN) (IF YES.		1-44-6698	,,,,,,	MARIAN ASTA	ETZ RD. #212	07
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	SED BY: (ATE CAUSE (a) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c)	SEQUENCE OF	ARDS.	lous . Inai disease or coni		PPROXIMATE INTERVAL MEEN ONSET AND DEATH
	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
1	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOTIFIED AT WORK 220 I certify that (I) (this has sown the deceased alive	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTOR) spiral offended the decease	Y OFFICE, FARM ETC)	211 LOCATION STREET , 19 d that in (my) (aur) opinion of	ED (ENTER NATURE OF INJUR	9 19 4	STATE
	226 SIGNATURE 226 PHYSICIAN'S NAME (1/4)	beered .		ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC HOSP.	FL	4/18/84
	230. BURIAL, CREMATION, REMOV	APR. 20, 1984		EMETERY OR CREMATORY	23d LOGATION CITY OR TOWN	BALTO	STATE

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the

etained by the haspital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burnal-transit permit. Then please remove corbon papers, Paga with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

injury, or other troumatic event, th

with the State Dept. Commonweal is morked or Item 18 shows only IMPORTANT: If Item 21 is morked or Item 18 shows only

24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. BALTO. MD 21215 6010 REISTERSTOWN RD.

25a. DATE REC'D. BY REGISTRA ISTRAR'S SUCHATURES

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	PAY YEAR 26 HOUR
(1YPE OR PRINT) MARY			APRIL 22, 1984	
3. SEX 4. RA		OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
	White May	TH DAY YEAR 1913	70 YRS.	
7a. BIRTHPLACE (STATE OR FOREIGN 7b. C	ITIZEN OF WHAT COUNTRY?	ED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
) Md.	13t7 WIDOW	/ED DIVORCED	Baltimore (ity	mp.
, Baltimore (NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACHITY, GIVE STREET ADDRESS) hurch Hospital		120, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE WORKARD)	12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER 130. STATE 13b. COUNTY	RINSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN Balto.	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 2015. Madeira	St. 21231
John MIDDL	Britton	15. MOTHER'S MAIDEN NAM	ΛÊ MIDDLE	Kale
160 WAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR	181-48-6439	Donis Ragan	201 S. Madeira	Street
18 CAUSE OF DEATH (Enter only on	ne couse per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DE ATH WAS CAUSED BY	CARDTOPULMONA	ARY ARREST		TO THE REAL PROPERTY.
SID 3 IMMEDIATE CA				
	DUE TO, OR AS A CONSEQUENCE OF	DICIM TOME	D LODE INSTERD	700
Conditions, if ony, which gove rise to immediate	FOCAL SEIZURE	RIGHT LOWE	R LOBE INFILTR	ATTE
couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
underlying couse lost.	CONGESTIVE H	EART FAILUR	E RENAL FAILUR	TD
PART 2 OTHER SIGNIFICANT CONT	DITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 110
Z				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED		, WERE FINDINGS USED
SE S			YES NOT NOT YES	YING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Tale HOW IN HIRY OCCUPE	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
OR CONTRIBUTION CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	? Itt. 110W II JOK 1 OCCORR	(ENTER MAIDRE OF MIDRY IN HEM 18 P.	OKT I OKTARI 2)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19			
	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORT, OFFICE, PARM, ETC.)			
22a Leartify that (X (thiX Mspital) c	ottended the deceased from APRI	L 18 1984	to APRIL 22	19.84 that (1) Xve) lost
sow the decoased alive on AP	RIL 22 1984	and that in (my) (Xr) opinion o	death accurred on the date and hour	and from the couses stated
obove, (I) (wh) (did not) vie	w the body ofter death.	DEGREE		22c, DATE SIGNED
228. SIGNATURE	- luhar M	ATTENDING	MEDICAL STAFF	M. DATE SIGNED
		PHYSICIAN [DIRECTOR PHYSICIAN	
224 PHYSICIAN'S NAME (TYPE OR PRIN	aT}	22e ADDRESS CI	HURCH HOSPITAL	
MUKESH LUHAR	2	100 NORTH I	BROADWAY 2123	1
		CEMETERY OR CREMATORY	1234 LOCATION	
(SPECIFY) Burial	1 0 - 01 11 11	B. 11 C .	CITY OR TOWN	COUNTY STATE
24 FUNERAL DIRECTOR	4-25-84 Holly	Hill (emetery	Balto. E REC'D. BY REGISTRAR 25hoREGIST	PAD'S SIGNATURE
NAME ALL THE COR	ADDRESS_	230. DAII	2 0 mod Julia	
John M. Weber & So	ins Inc. 401 S. The	ster St. API	1 3 0 1964	

DHMH - 16 50M 4/82 (VRA 15, 4)

to FUNERAL DIRECTOR. should be detached for un-with the State Dept. of Mec.

TO HOSPITAL OR ATTENDING PHYSICIAN, The In

certificals has been signed by the otherding physicion and conditions property. Pen please remove corbon papers. Pages/

minn or other troumotic event, the

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and the same of	199 U.S. 957 V.		1 = 0 m = m = m = m	ania	

' '	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	10 110 011
L	PATRICI	A A.	BRITTON	04.19	9-84 1012 AM
) 3.5	SEX F	4 RACE B	5. DATE OF BIRTH MONTH DAY YEAR 07 - 18 - 39		IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
70	BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	RARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	_
20	VA.	USA	WIDOWED DIVORCED	BALTIMORY	E CITY MD.
4 3 10	BALTO	11. NAME OF HOSPITAL, NURS INFNOTING SUCH FACILITY, GIVE STRE SOUTH BATTUM.	ET DEPLETAL HOSPI	(TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY SOC SEC
35	NAL RESIDENCE (# NU.) COUL	OTHER INSTITUTION, GIVE RESIDENCE BEF		13. STREET ADDRESS / ZIP CODE 205 Pelican	Clenburnio Md. Dr. HO6/
120	FATHER'S NAME FRS ajor	Sturd,	vant Gloria	MIDDLE	Garrett
160	WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN) (IF YES, GM	MED FORCES? E WAR OR DATES) 217-38	40.4	Ir. John W.Bri Hon	205 PelcAN
nove carbon paper otton, or removal. rroumotic event, th	Conditions, if ony, which	D BY: E CAUSE (o) PESP DUE TO, OR AS A CONSEC	iratory arrest	norrhage &	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or other tr	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF Cerebra	l enfaret	
injury, o		ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 1(o)
4 Agree prior to the shows ony injur	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH? NO
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orked or them orked or them	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY JAT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Health	220 I certify that (I) this hospit sow the deceased alive on above, (I) (we) (did) did not	9/19 19	VUI	death occurred on the date and hour	9 that I we last and Irom the couses stated
Stote Dept.	226. SIGNATURE Anna 1	Samett	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 4-19-84
t O T	Anna Bur	RPRINT) -NETT	22e ADDRESS	nover St., B.	alto, Md 212
€ 3 €	DUDIN COSTULTION DEVICE	100 D 170	NAME OF CONTROL OF CONTROL	Table LOCATION	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE

DHMH - 16 50M 4/83 (VRA 15, 4)

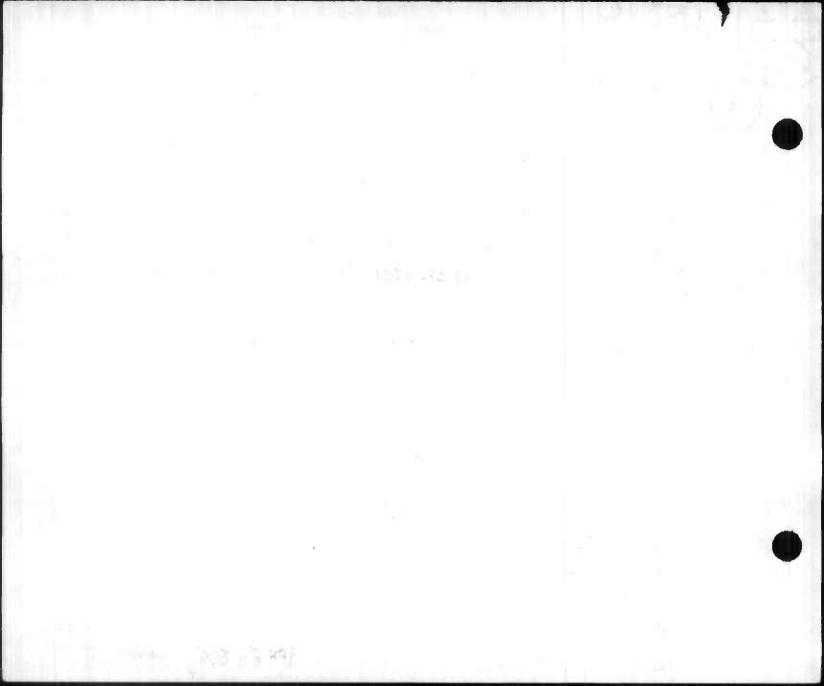
BURIAL
24 FUNERAL DIRECTOR

236. DATE

23e. BURIAL, CREMATION, REMOVAL

Balto

Md.



OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the hospital or attending physician

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. I	NO.				
١	I DECEASED NAME FIRST	MIDOLE	(ASI	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
	JOAN	Virginia	BROC		APRIL			2:07Pm		
ı	3. SEX	4 RACE	5. DATE C	CAY YEAR	6. AGE (IN YEARS LAST E	BIRTHOAY	MONTHS DATS	IF UNOER 24 HRS HOURS MIN.		
ı	/ Female	White	Mar	ch 22,1933	51	YRS				
7	70. BIRTHPLACE STATE OR FOREIGN COUNTRY) Marzzland	COUNTRY)			9 BALTIMORE CITY OF COUNTY OF DEATH BALTIMORE CITY					
2	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWE		12a USUAL OCCUPA	TION	126 KIND O	126 KIND OF BUSINESS OR		
1	BALTIMORE	THE JOHNS H	HOPKIN	S HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker		IFE) INDUSTRY	Own Home		
1		ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY A. Glenby	NWN		13e STREET ADDRESS 25 Count			ve 21061		
	Louis	MICOLE LAST Benn	ett	Evelyn	WIDDLE		Un	known		
2		RMED FORCES? 166 SOCIAL SE			sband) ADD		Same #13	as		
	No.	//// 215/28	7118	Carroll V.	Brocato	,Sr.				
	18 CAUSE OF DEATH (Enter only one couse parine for (p), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)						BETWEEN	MATE INTERVAL ONSET AND DEATH		
2.0	Conditions, if ony, which			GENIC SHOCK			Sec	21.		
47.4	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF							
	ACC.	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART 10	0		
444	190, DATE OF OPERATION	Cormar 6	HOPERATIO	WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES [
9	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
-	210. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR	nwot	COUNTY	STATE		
	e deceased alive of	ify that (I) (this hospital) attended the deceased from the deceased alive on the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the causes stated in the date and hour and from the date and hour and from the date and hour and from the causes stated in the date and hour and from the date and hour and								
	Mul	lang man	87.	DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	27c. DATE	SIGNED / 84.		
	220 PHYSICIAN'S NAME (TYPE	TI CHARLE	3	THAT HO	PHINS	HOTPI	TAL.			
-	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Apyri1 21, 23	NAMEOFC Glen H	emetery or crematory aven Mem.Pr	k. Glen	Burni	e A A	Md •		

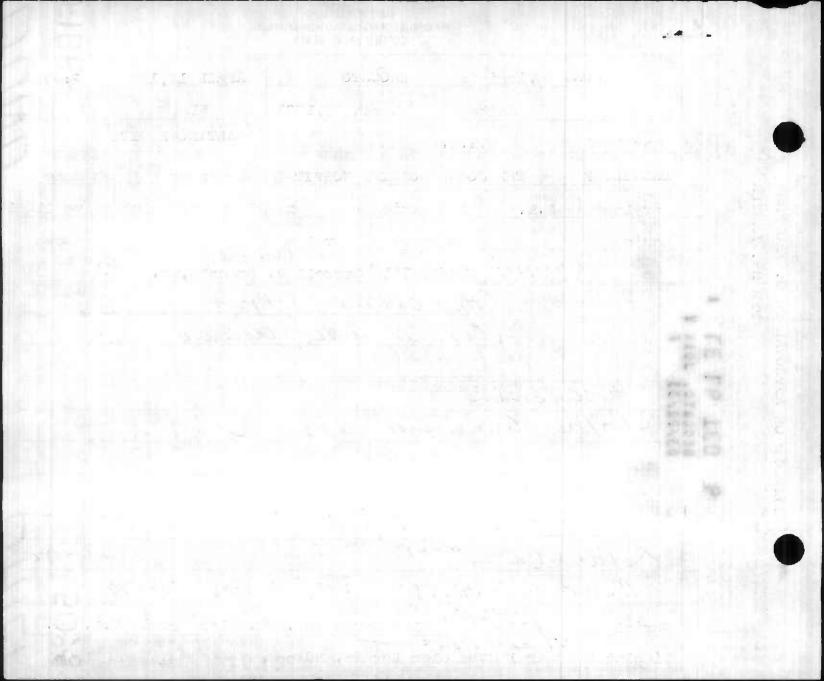
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health IMPORTANT: If Hem 23 is mort

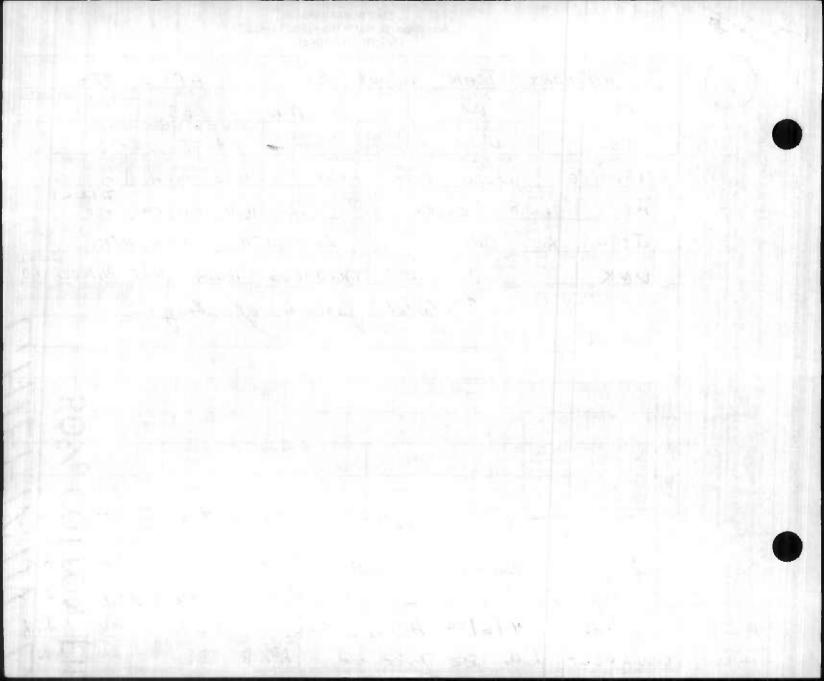
Singleton Funeral Home Glen Burnie, Md

FOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



8			cem 8 #G591 5/9 FOR STATE REGISTRAR		MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	ENE 4) O	9 /	3 3
1	L	TYPE (EASED NAME FIRST ANTHON		BROD	DA SR.	Af	R 3 1	YEAR 26 HOUR M
rect urs field		SEX	M	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIR	3 YRS. MONT	IDER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
deoth. Pr	5	C	O. O. M.	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR			9 BALTIMORE CITY OR COUNTY OF DEATH BACTO. CITY		
urs after by the i	1	B	Y OR TOWN OF DEATH A CTIMORE L RESIDENCE (IF NURSING HOME OR	BALTO. CI	ADDRESS)	HOSP.	TYPE OF WORK FOR MOST O		RETIRED.
vin 24 ho ly filled in thought	5	3a. S'	TATE 131 COUN	L'TO. ESSEX	'N	13d. INSIDE CITY LIMITS? YES NO PORTION NAME OF THE PROPERTY SMALDEN NAME		encus	Ave.
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ion ond rs. Poges	1		S NO OR UNKNOWN) (IF YES, GIV	215-16-7	047	THADDEUS	BRODA		ANDOUGA RD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death certificate is by the attending physicase remove carbon papelol, cremation, or removal rather traumatic event, it			PART I. DEATH WAS CAUSE	Ily ane cause per line for (a), (b), an D BY: FE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	ENCE OF	Car conine.	of bun	g.	BETWEEN ONSET AND DEATH
has been signed permit. Then ple permit. Then ple per prior to burit.	7	CERTIFICATION	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO			200 AUTOPSY?	20b. IF YES, WE	RE FINDINGS USED G CAUSES OF DEATH?
YSKCIAN: The ling physicic s certificate ourial-tronsit Mental Hygir r frem 18 she		8	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	- 3	
or attendor attendor of the of morked o			WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC)	STREET 19.85	city or to	wn 19_	COUNTY STATE
ALOR ATTEN the hospitol ALDIRECTOR: etoched for us te Dept. of He			sow the deceosed olive on	A / 7 7	74 (.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _	
TO HOSPITA retoined by TO FUNERA should be de with the Stot	1	(TOSTO/4 B	LIBERTO	2	3508 BHN	15 55 - Ba	ul pr	of 2/224
ВР		(5	URIAL, CREMATION, REMOVAL BURIEY NERAL DIRECTOR	23b. DATE 4 6 184 A	OLL	HILL	E REC'D, BY REGISTRAR		90. 21224 SIGNATURE
DHMH - 16 50M 4/82 (VRA 15, 4)	ľ		NAME	F. H. 300 NORTH	Acc	Ave APP	9 1984	Julia Davi	dson-Randoll



BP. **DHMH - 17** (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND								
DEPART	MENT OF	HEALTH	AND ME	NTAL	HYGIEN			
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١.	FOR		- 1	DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	0 9	1 3	3 4	
Г	- STATE REGISTRAR		MEI	DICAL EXAMI	NER'S	CERTIFICATE O	FDEATH	REG. NO.			
1	DECEASED NAM			MIDDLE		LAST	(ATE KNOWN DE ESTI-	MONTH DA		26 HOUR
ŀ	SEX	Carrol	15. DATE OF BIRTH	L.		mwell			4-12		M
ľ	SEA	4. RACE	MONTH DAY	YEAR LAST BIRTH	YEARS IF UN			DATE NOUNCED	MONTH DA	TCAR	24 HOUR 9:55
L	Male	White	August 1,		YRS.		- {	DEAD	4-13	19 84	a. M
7	BIRTHPLACE (76 CITIZEN OF WE	HAT COUNTRY?	8. MARR	IED NEVER MARRI	ED W	LTIMORE CITY OR	COUNTY OF	PDEATH	
1	Marylan		United	States	WIDOV	VED DIVORC	ED D B	altimore	City,		MD
ī	CITY OR TOWN	OF DEATH		PITAL, NURSING HOA		IER INSTITUTION		CCUPATION (TYPE C		KIND OF BU	JSINESS
1	Baltim		726 S.	Conkling :	Stree	t	Disa	F WORKING LIFE) bled		= =	KT
	a STATE	13b COUN		13c CITY OR TOWN		YES TO NO	13e STREET A	S. Conkl	dan Ot	. / 03	201
ŧ	Marylan		-	Baltimor	е	15 MOTHER'S MAIDE		S. CORKI	Tuk Sc	· • / < L	.224
ı.	FIRST	E	MIDDLE	LAST		FIRST		MIDDLE	**	LAST	
4	John	ED EVER IN U.S. AR		Bromwell 166. SOCIAL SECURI	TV NO	Lillia:	n	ADDRESS	Nace	*	
ľ	(YES, NO, OR UNKN		WAR OR DATES)						ADDRESS		
L	Yes	W.W.	II	1217-05-54	35	Edward Bro	omwell	1234 Susq	uahana		
F	18 CAUSE O	EATH MALAC CALLE	nly ane cause per line						BF	APPROXIMATE	
ı	1/1-	IMMEDIA	TE CAUSE (a) Ar	terioscler	otic (Cardiovascu	lar Dis	sease			
Н	142	72		AS A CONSEQUENCE	OF						
L	Canditions, if any, which gave rise to immediate (b)										
	cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF										
	lying ca	use last.	(c)								
	PART 2 OTHER S	SIGNIFICANT CONDITIONS	1-7	BUT NOT RELATED TO THE TEL	RMINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a)				
1	8										
1	190 DATE O	FOPERATION	196 CONDIT	ION FOR WHICH OPE	ION FOR WHICH OPERATION WAS PERFORMED?				20	AUTOPSY:	?
1	5		15 15 17							YES 🗌	NOVY
1	190 DATE O	AL CAUSE WAS	216 TIME OF		21c. H	OW INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM 18 PA	RT 1 OR PART 2}	123	THO XX
П		G OR		MONTH DAY YEA	AR						
1	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) VINDERLYING OR P.M. 19 21d INJURY OCCURRED 21d PLACE OF INJURY (ATHOME, STREET CITY OR TOWN										
	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CITY OR TOWN							COUNTY		STATE	
	77n Loord	220 I certify that Leack charge of the remains deskribed shave, held an Autapsy . Inspection XX. Inquiry . and in my apinian									
L	death resul		iral causes XX		Suicide .	Hamicide .	Undetermine		in my opinion		
Г	dedili resol	100	Torcooses A.A.	A A	Olicide C		Ongerermine	o manner,			
П	ACTUAL									84	
	DIGNATORE		MAN M	(Constitution of the constitution of the const	- N	(.D. MOSES COITE	MEDICAL E	EXAMINER	SIGNED	1 13 (04
	EXAMINER'S (TYPE OR PR	NAME Denn	is F. Smy	th, M.D.		ADDRESS11	ll Penn	Street			
2	3a. BURIAL, CREMA	ATION, REMOVAL		23c NAME OF C	EMETERY C	OR CREMATORY	236. LOCATE	ON	COUNTY	SI	TATE
1	Bur		April 16,8	34 OakLawn	Ceme	etery		Baltin	nore Co	. Md	
2	4 FUNERAL DIRE		ADDRESS			APR P	REEL DE BY PER	STRAR 251 REGIST			
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the trensmit attends should be detached for use as the burnal-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with 172 hours with the State Dept of Health and Mental Hygiene prior to burnal, cremation, ar remaval.

injury, ar other troumatic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIL...

1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG				
1. DE	CEASED NAME	FIRST		AIDDLE	1.	AST	REG. N		AY YEAR	2b. HOUR
	OR PRINT	Harolo	l	C.	Bro	oks, Jr.	April 11,	1984		M
3. SE		4.	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
	Male	200	Whi	te	Sepa	£.21,1935 YEAR	48	YRS.	DATS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8.5	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
_	inginia		USA		WIDOWE	DIVORCED [Baltimo	re (it	y	MD.
	Baltimore	ATH 1	(IENOTAL SHO	HOSPITAL, NURSIN HACILITY, GIVE STREET	DDRESSA	to.M.	(TYPE OF WORK FOR MOST OF			ectrical
13a. S	AL RESIDENCE (IF NUR STATE Invland	13b COUNT		GIVE RESIDENCE BEFORE 130 CITY OR TOWN Datimon	N	13d. INSIDE CITY LIMITS? YES (A) NO [ine St	.Balto.	Md. 21217
14 FA	THER'S NAME	MI	PADLE	e tast.	~	15 MOTHER'S MAIDEN NAM	ME		LAS	ST.
1	Harold			Brooks,	Sr.	(lara			Putng	am Nd. 21234
	VAS DECEASED EVER		ED FORCES?	16b. SOCIAL SECU	- 0	17 INFORMANT	ADDRI			
	No			227-44-0	1787	Mrs. Evelyn B	Dodge, 8604	+ (hes:	trut Oa	IR Rd.
	Conditions, if any gove rise to im cause (a), stati underlying caus	IMMEDIATE /, which mediate ng the e last.	CAUSE (a) DUE TO, OI (b) DUE TO, OI (c)	Chronic RAS A SPINSE OUT	CA De of	esperatore NOT RELATED TO THE TERM	0	-PMA	0	0
10,1	The state of									
CERTIFICATION	190 DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN YING CAUSES	
	21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER MATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
MEDICAL	21d. INJURY OCCUR	HILE	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	22a.1 certify that (1) (this hospito	l) attended th	e deceased fram_		. 19	, ta		19	that (I) (we) last
	saw the deceo	sed alive on_	view the bady	ofter death.	, ar	nd that in (my) (our) opinion o	death accurred on the d	ate and haur	and from the	couses stated
	226 SIGNATURE)	tillel	wil	W			MEDICAL STA		22c. DAVE	2/84
	22d PHYSICIAN'S N					22e ADDRESS	14 000	0.0.	11-	
	PAT	WEBEI	2 MI			MARCYLAN	I) GENE	CAC	HOSPI	ITAL
230. 8	BURIAL, CREMATION	, REMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION	200	COUNTY	I and ATE

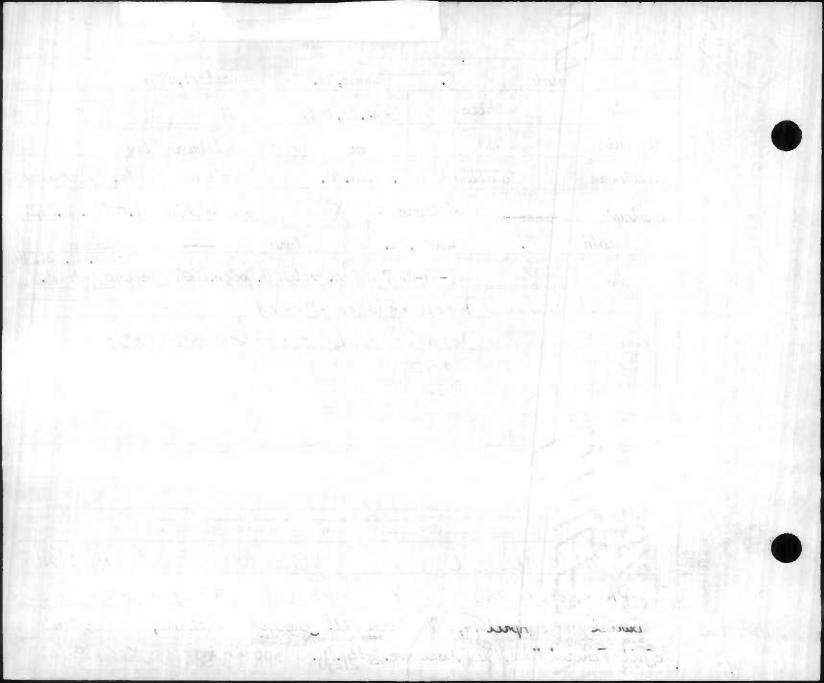
Mc willy Funeral Home, 130 E. Dorot Ave. Balty.

REGISTRAR 25 REGISTRAR'S SIGNATURE 1884 Julia Davidson-Kundall

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

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RELEASED NON-MED DR KORELL PER MR HENRY TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires, that the death certificate be executed within 24 hours offer death. Page 4	retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, should be detached far use as the burial-transit permit. Then please remove carbonpapers Pages Land 2 should be filed within 72 hours offine	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MAPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumotic event, the medical expansion marked on the order	
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FOR

		STATE	OF M	ARYL	LAND	
DEPAR	RTMENT	OF HI	EALTH	AND	MENTAL	HYGIENE
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09/30

- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
. DECEASED NAME FIRST	AMEICK MIOOLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
(TAME)	(A)		OOKS	APRIL 10		3:20P4
3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
Female	Black		16 84		YRS. 3	
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	UNTRY? 8. MARRIE	D NEVER MARRIED XX		OR COUNTY OF DEATH	
Maryland	U.S.A.	WIDOWE		BALTIMOR		MD
O CITY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GI	IVE STREET AGORESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI		OF BUSINESS OR
BALTIMORE USUAL RESIDENCE (IF NUR HELDER	OF OTHER INSTITUTION GIVE RESIDEN	HOPKIN	S HOSPITAL			
130. STATE		OR TOWN	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
Maryland	Ba1	timore	YES NO	1719 N.	Bethel St	. 21203
4. FATHER'S NAME	WIOOFE I	LAST	15. MOTHER'S MAIDEN NA			AST
Hivey	Bro		Sylvia	WIDDLE	Holme	
60 WAS DECEASED EVER IN U.S.		AL SECURITY NO.	17. INFORMANT	ADDRI		
	GIVE WAR OR OATES) N/		Sylvia Hol			Street
18 CAUSE OF DEATH (Enter	only ane cause per line for (a)	(b) and (c)			APPRO	DXIMATE INTERVAL N ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY:	1			5	^
11/1 MMEDI	ATE CAUSE (o)	(NU/OD)	mongin a	VAII		Omis
1767	DUE TO, OR AS A CO	NSEQUENCE OF				
Conditions, if any, which	(1b) Se	17CM			5	10 ling
gave rise to immediate couse (a), stating the	DUE TO, OR AS A CO	NISEOTIENICE OF				,
underlying cause last.		19 pmita	1 2000	distASE	. ?	mo
DART 2 OTHER CICALIES AND	T CONDITIONS CONTRIBUTE		NOT BELATED TO THE TERM	AINIAI DISEASE OB CON	DITION CIVEN IN DART	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTION	O DEATH BOT	NOT RECATED TO THE TERM	MINAL DISEASE OR COIN	DITION GIVEN IN PART	10
4 198 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIND	
<u>F</u>				VEC 6 NOT	IN CERTIFYING CAUSE	
X	CO AN THIS OF BUILDING		Tal How bullian occur	YES NO	YES 🗌	но 🗆
		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMI	OCATH	19				
OR CONTRIBUTING CAUSE OF CHIEF LITTER NOTIFY MEDICAL EXAMINATION OF COURRED	21e PLACE OF INJURY		21f LOCATION			
	(AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC)	STREET	CITY OR TO	OWN COUNTY	STATE
AT WORK AT WORK				111	211	
	spital) attended the deceased	0			19.07	, that (1) (we) last
sow the deceased alive	not) view the body after deat	19 24 . 0	nd that in (my) (our) opinian	death accurred on the d	ate and hour and from th	e couses stated
226. SIGNATURE	nor, view the body offer dean		DEGREE		22c. DAT	E SIGNED
(2) -12.	. 63	1. /	ATTENDING	MEDICAL STA		1. 1011
1 (X C/M)	1 Ouger	- Mus	MCM ()PHYSICIAN [DIRECTOR PHYSIC	IAN LI	110/84
224. PHYSICIAN'S NAME (TYP	E OR PRINT)		22e ADDRESS			
	ER HUDAK		JHH BALTIM			
230. BURIAL, CREMATION, REMOVA		1	EMETERY OR CREMATORY	23d. LOCATION	1stown COUNTY	Md ATE
SPECBURIAL	4/13/84	King	Memorial Pk	Kandal	ISLOWN	Md.
4 FUNERAL DIRECTOR				IE-REC'D. BY-REGISTRAR	256 REGISTRAR'S SIGNA	
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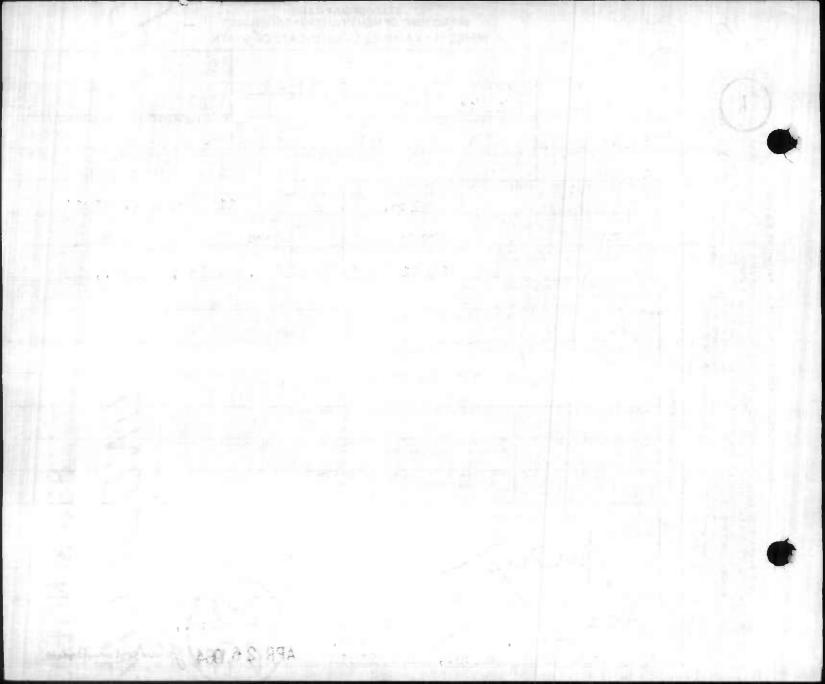
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		EDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS RECORDED FOR EXPERIENCE WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FINING A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 HOURD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 1 FILEW WITH CASH AND 2 SHOULD BE 11 FILEW WITH CASH AND 2 SHOULD BE CASH AND 2 SHOULD BE SHOULD BE SHOULD BE WITH AND ARRAY AND 2 STOLD PROPERTY.
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-10	1-	STATE REGISTRAR	ME	DICAL EX	AMINER'	S CERTIFICAT	E OF DEA	ATH REG	NO.	0 /	
L		CEASED NAME FIRST		MIDDLE		LAST		20 DATE KNOWN		DAY YEAR	2h HOUR
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25-8	3. SEX		S. DATE OF BIRTH	YEAR 6. A	AGE (IN YEARS AST BIRTHDAY)	UNDER 1 YR. IF UN	DER 24 HRS.	2c DATE	нтиом	DAY YEAR	2d HOUR
LAREA .		F W		1 7	73 YRS.	ONTHS DAYS HOUR	RS MIN	PRONOUNCED DEAD	4	19 19 84	9:55
V324/6	70 B	RTHPLACE (STATE OR IREIGN COUNTRY)	76 CITIZEN OF W		? 8 4	ARRIED NEVER M	ARRIED IX	9 BALTIMORE CIT	Y OR COUN		
DAG NA	Ğ	eorgia	USA			_	ORCED	Baltimo	re Cit	V	MD.
Swa H	10 C	TY OR TOWN OF DEATH	II. NAME OF HO	SPITAL, NURSIN	NG HOME, OR	OTHER INSTITUTION	12a USI	UAL OCCUPATION	LTYPE OF WORK	OR INDUST	
PAGE FILE	LE	Baltimore		ark Ave			Ofi	rice Working Life)	ker	BG&E	
ANY DI ANY DI RETAIN RECORD RE		AL RESIDENCE (IF IN NURSING HOM TATE 1136 COL		134 CITY OR		13d. INSIDE CITY LIMI	152 13e STR	EET ADDRESS			
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A FUNTANA	14. F/	ATHER'S NAME	WIDDLE	LAST		IS. MOTHER'S M	AIDEN NAME	WIDDLE		LAST	
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0 205	16a. V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL	SECURITY NO	17. INFORMANT	60 - 1	ADDR	ESS		
URS AFTER S. GIVE PA WITH FOR WITH FOR DIVISION		No		215	01 089	7 Donald	R. N	Tering.	Balto	. MD	
·		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	only one cause per line	e far (a), (b), an	d (c).)					APPROXIMATI BETWEEN ONSE	INTERVAL
ON S PERW FERW AL.		1/ > IMMED	ATE CAUSE (0)A			c cardiova	scular	disease			
IN I		Canditions, if any, while		R AS A CONSEC	QUENCE OF						
WITH WITH WERN WAN TAL		gave rise to immedia	te (b)							-	
PED V		lying couse lost.	DUE TO, OF	R AS A CONSEC	QUENCE OF						
S, 20 ECUTE NI EX URIAN			(c)							1	
S X Z Y D A Z	Z	PART 2 OTNER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED 1	O THE TERMINAL D	SEASE OR CONDITION GIVEN	IN PART 1 In .				
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORMED?				20 AUTOPSY	,
HOUSE OF	4-8									YES 🗆	NO 🔀
OF VI	E E	210 EXTERNAL CAUSE WAS	216. TIME O	FINJURY	V VEAD 21	. HOW INJURY OCCU	URRED (ENTER	NATURE OF INJURY IN ITEA	A 18 PART I OR PA	NRT 2)	
SION OF RTIFICATI NG THE V O TO THE SHOULD PARTMEI	3 3	UNDERLYING OR			Y YEAR						
CERTING TING DED 1 3 SH DEPA DEPA	MEDICAL	21d. INJURY OCCURRED		OF INJURY (A	T HOME, 211	LOCATION		CITY OR TOWN		UNTY	STATE
12 A A A E E	2	WHILE AT WORK AT WORK		TORT, FARM, ETC.)		STREET		CITY OKTOWN	CO	UNIT	STATE
R: TI VIE, ORW R: P.		22a I certify that I taak cho	rae of the remains de	scribed abave.	held an A	rtapsy . Inspi	ection X	Inquiry .	and in my ap	Olnian	10
AND THE NAME OF TH	1.7	death resulted from	hiral cooses X	Accident], Suicide			termined monner	7.		
XAA EERTI LD B NITE WITH		A	~			TITLE (SPECIF					
ALE ALE		SIGNATURE A VV	har	1		M.D. Assista	ant MED	ICAL EXAMINER	DATE	4-20-84	
DIC NER A ST NOR AOR	/	EXAMINER'S NAME	1			444			24.7	01001	
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. Y PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2		(TYPE OR PRINT) A	nn M./ Dixo			ADDRE 33		St., Balt	0., Md	. 21201	
797749	23a.B	Burial Burial				Y OR CREMATORY	CITY	OCATION OR TOWN	COU	NTY SI	ATE
BP			4/25/8		Cathe			alto.	EGISTRAR'S S	MD	
DHMH - 17	14.7	NAME IICII.	cy W. Je			UO.			ia Davids		
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages frand 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

I the 21 is marked or frem 18 shows any injury, or other traumatic event, the

JIMIL OI MAKI
DEPARTMENT OF HEALTH AND
CERTIFICATE OF

FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

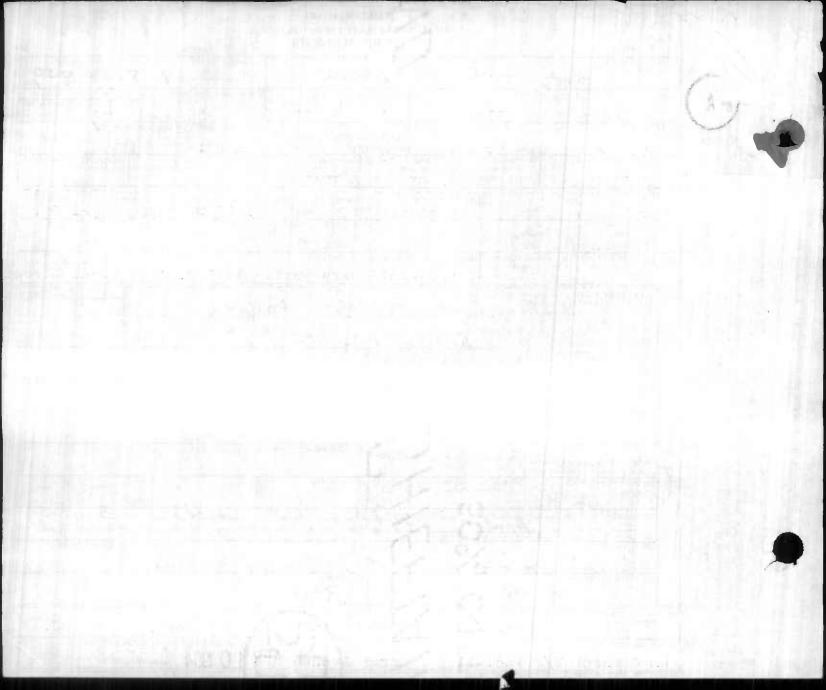
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1	REGISTRAR		CERTIT	ICATE OF DEATH	REG. N	10.		
	ECEASED NAME FIRST	MIDDLE		ROWN	20. DATE OF DEATH		YEAR 84	26 HOUR
	HIGHES	,				-		O AM
3. 58	X	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BE		NONTHS DAYS	HOURS MIN.
1	Female	Black	9	8 27	56	YRS.		
70. E	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8.	D NEVER MARRIED	BALTIMORE CITY	OR COUNTY	OF DEATH	
	Maryland	U.S.A.	WIDOWE		BALTIM	DRE C	ITY,	MD.
10.0	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GIT		OR OTHER INSTITUTION	120. USUAL OCCUPAT			OF BUSINESS OR
1	BALTIMORE	BALTIMORE		OSPITALS				
USU 13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 1136 COUN			13d INSIDE CITY LIMITS?	13. STREET ADDRESS	Apt	t.209	21217
N	Maryland		timore	YES X NO	1600 W.	Mount	t Roya	al St.
14. F	ATHER'S NAME	MIDDLE L	AST	15 MOTHER'S MAIDEN NA	ME		LAS	
1	Edward	Bro		Edith	WIDDLE		Chas	
	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIA	AL SECURITY NO.	17. INFORMANT	ADDR	ESS	Apt.	
	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	-22-4524	Mary Marti	in 1600 W	. Mount		
	18 CAUSE OF DEATH Enter on	nly one cause per line for (a)	(b) and (c)	\				ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (0) CAYA	Tresp	rathern Fo	ilukk		BETWEEN	UNSET AND DEATH
	5860 MEDIA			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 1-01-			
	Conditions, if ony, which	DUE TO, OR AS A COM	A JAL F	-ATLURE				
	gove rise to immediate	(6)	1	//				
	couse (a), stating the underlying cause lost.	DUE TO, OR AS A COM	SEQUENCE OF				10.00	
	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT PELATED TO THE TERM	INIAI DISEASE OR CON	IDITION CIVE	ENLINED ADT 1	
N N		2011011011011011	TO TO DEATH	NOT RECATED TO THE TERM	THAT DISEASE OR COL	DITION GIVE	THE REAL PROPERTY.	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?		, WERE FINDIN	
FE					YES T NOT	IN CERTIFY YES	YING CAUSES	OF DEATH?
ER.	21a. ACCIDENT WAS UNDERLYING			216. HOW INJURY OCCUR				1.0
	OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR					
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 210 PLACE OF INJURY	. Iy	211. LOCATION				
ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
	220.1 certify that (I) (this hospi	ital) attanded the decount	- April	15 10 X	4 ront	8	74	
	sow the deceased alive on	April 8	19 8 9	nd that in (my) (our) opinion	death occurred on the d	ote and hour		that (I) (we) lost
	obove, (I) (we) (did) (did no 22b, SIGNATURE	ot) view the body after death		DEGREE		016 0110 11007		
	1155	///		ATTENDING	MEDICAL STA	FF A	22t. DATE	SIGNED
1	22d. PHYSICIAN'S NAME (TYPE O	alon	_ /	PHYSICIAN [CIAN		
		LONE		220 ADDRESS				
				BCH				
230.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
_		4/12/84	Baltin		2			Md.
	UNERAL DIRECTOR	AI	DORESS	25a. DAT	E REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNAT	URE
M	Jm C March F/I	H Inc. 1101	E Nort	h Avenue A	n 1 U 1984	guna 1	laurason-1	Manage

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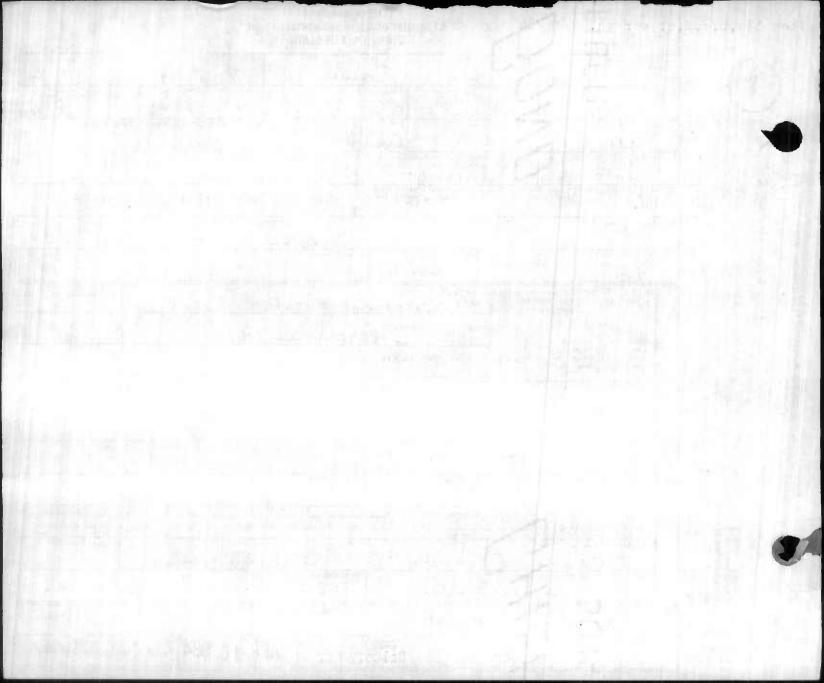
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		
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tem 13a,b,c,d	۹٬_	FORT ph. 4/16, STATE REGISTRAR	/84 kg DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	9 / 8	9
(B)		CEASED NAME FIRST BALL	BOY A RACE	B. DATE C		20 DATE OF DEATH 24 - 5 - 8 6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	26 HOUR 1:30p
a si b	-	male	black	MONTH 4	S 84	2hrs 401	YRS.	2 4
of princes	7a. Bi	RTHPLACE (STATE OF FOREIGN BOLL)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED TO	Baltimore City of	o City	M
by the fulled with		Balto	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET OF THE NOT IN SUCH FACILITY OF THE STREET OF THE SUCH PAGE OF THE SUCH PAG	ADDRESS)	or other institution	120 USUAL OCCUPATION		OF BUSINESS O
filled in nould be	130 5	AL RESIDENCE (# NURS STATE M.C	130. CITY OR TOWN		13d. INSIDE CITY LIMITS?	STREET ADDRESS /	ZIP CODE. 2121	.7
ompletely and 2 si	14. F.A	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA Malael	MIDDLE		51 OWN
to be execution and colors. Pages II.		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECU		17 INFORMANT	ADDRE	SS	
equires that the death certifical assigned by the attending phys. Then please remove carbon poper to burial, cremation, ar remove injury, or other troumatic event,	NOI	Conditions, if ony, which gove rise to immediate couse (D), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO	ENCE OF	REMATURI		DITION GIVEN IN PART 1	0
The law requir	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOTES	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES [
NG PHYSICIAN: The attending physicial of the this certificate as the burial-transit th and Mental Hygicarked or Item 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIF ETTHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	EAIR	AY YEAR 19	21r. HOW INJURY OCCUR 211. LOCATION STREET	RED (ENTER NATURE OF INJUR		STATE
TO HOSPITAL OR ATTENDING retained by the hospital or or TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept of Health IMPORTANT; if them 21 is morther than 21		220.1 certify that (I) (this hasp sow the deceased give o	a L Sundle		22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	22c. DATE	SIGNED
Bb 5 6 8 8		BURIAL, CREMATION, REMOVA (SPECIFY) REMOVA		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME Anatom	ny Board ADDRESS	Balte	o., Md. 250 DA	R 16 1984	250 REGISTRAR'S SIGNA Junia Davidson—	June Jandell



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the tuning a little of the build be detached for use as the build-stransis permit. Then please remove corbanpapers. Pages I and 2 should be filed. with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
LANDORTANT: If Item 21 is morked at Item 18 shows any injury, or other troumatic event, the medicological entired in the contraction of the contra

STATE OF MARYLAND	~
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
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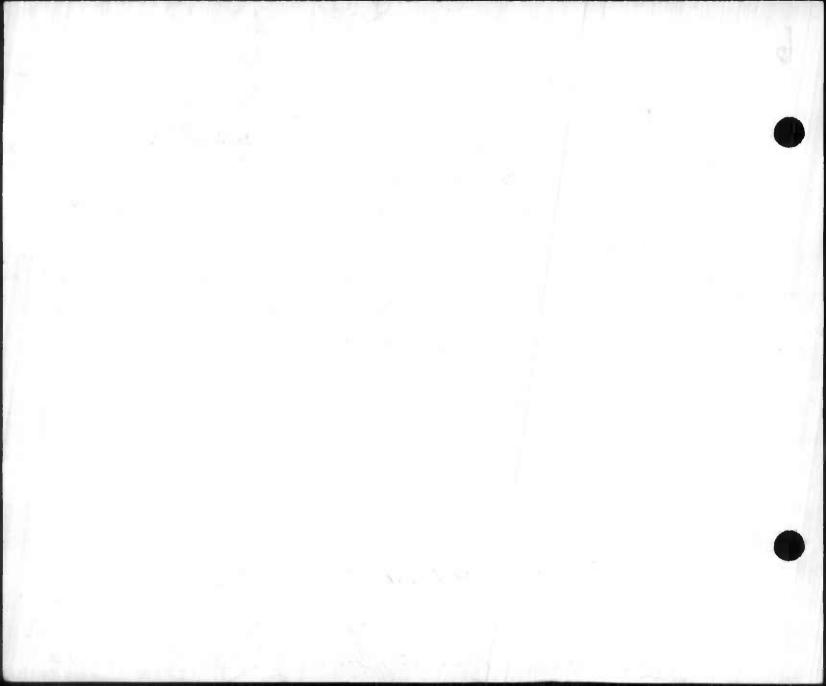
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REGISTRAR		CERTIFICATE OF DEAT	REG. NO.	
I. DECEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH MON	H DAY YEAR 26 HOUR
(TYPE OR PRINT) FUM.	A G	BROULD	/1	- 2-84 2'117 A
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER TYEAR IF UNDER 24 HRS
5	12		YEAR 19	MONTHS DAYS HOURS MIN.
	(2)	5-10-		YRS
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	MARRIED NEVER MARR	BED BALTIMORE CITY OR CO	
N.C.	14. S. H	WIDOWED DIVOR	_ l baltimore u	MD.
10 CITY OR TOWN OF DEATH		, NURSING HOME OR OTHER INSTITUT		126. KIND OF BUSINESS OR
BAITO.	(IF NOT IN SUCH FACILITY	cours HOSA	P. PULSE	(KING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME 136 STATE 136 COL		PR TOWN 134 INSIDE CITY L	IMITS? 13e.STREET ADDRESS / ZIP	CODE #2/233
m.D	1/4	SAITO . YES ! NO	///	5A 170. St.
14 FATHER'S NAME		15. MOTHER'S MA		
John	MIDDLE	MI ARK FIRST	MIDDLE	ŧ AST
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOC	IAL SECURITY NO. 17 INFORMANT	ADDRESS	Ab
	GIVE WAR OR DATES)	AN OLDERMAN A	2 = 1:00 Fa= 1==	- 1 311 Flat. #
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18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE)		of the and icit	-3.5.44	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE (a)	SELLIC SE	UCA	
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	(c]			
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2 8 20 02	A-SOUD V	una vacon avu	nathana with the	Chillen Brown
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FO	R WHICH OPERATION WAS PERFORME		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING	HOUR A.M. MOI	NTH DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN I	TEM TB PART T OR PART 2}
OR CONTRIBUTING CAUSE OF D	PEATH	19		
(IF EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJUR		5/7- 02 10 10	COUNTY STATE
MUILE NO! WHILE	(AT HOME STREET, FACTOR	RY OFFICE FARM ETC) STREET	CITY OR TOWN	STATE
22a 1 certify that (I) (this has	and all and the decree	3/8	84 : 413	19 5 4, that (I) (we) last
sow_the_deceased alive		(1.1	opinion death occurred on the date o	
obove. (f) bert (did) (did	not view the body ofter dea	ith.	opinion deom occurred of the dore o	
224 SIGNATURE	1 A 11 2	DEGREE	NDING MEDICAL STAFF	22c. DATE SIGNED
	SYVV		NDING MEDICAL STAFF	0 4/3/84
224 PHYSICIAN'S NAME (TYPE	E OR PRINT	22e ADDRESS	12.3 = 1	4
1.11(AK) A	HAFITR.	AN 1940	W. BAIDMORE	CT BALTON KU
23a. BURIAL CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CEMETERY OR CREM	AATORY 23d LQCATION	21717.7
(SPECIFY)	2/9/20	Rol to mo	A MITY OR TOWN	COUNTY
24 FUNERAL DIRECTOR	11/1/01	174.0W/45 /1/EI	250 DATE REC'D. BY REGISTRAR 256	MLD.
AT FOINERAL DIRECTOR	. /	1 1 6	TEN DATE REC D. BT REGISTRAR 256 1	REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

BITTS FUNCKAL HOME 1/29 N.CAROLINET - APR

5 1984 Pelia Davidson-Randelle



STATE OF MARYLAND

0	9	1	0	
U	7	-	1	

	1-	STATE REGISTRAR		CATE OF DEATH	REG. NO	J 7	1 7	
		CEASED NAME FIRST SQL	e B B	HOWA,	2a. DATE OF DEATH	4-26	VEAR 9-84	26 HOUR 6 3 0 M
	3. SE)	fengle	Black 5. DATE O		6 AGE (IN YEARS LAST BIRT	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
3	7	L' rainea	-U SIA. WIDOWE	W.R	Baltimore City o	nune	CITY	, MD
1	1	Bultimore	I. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN-SUCH FACILITY, GIVE STREET ADDRESS) HER INSTITUTION GIVE BEFORE OF ADMISSION!	tar) med C	(TYPE OF WORK FOR MOST O		INDUSTRY	F BUSINESS OR
5	13a S	STATE 136 COUNTY		YES NO				215 Avenue
2	2	ISham	Booth	15. MOTHER'S MAIDEN NA/	ME MIDDLE .	5.5	Brook	- A
/	-0	VAS DÉCEASED EVER IN U.S. ARME VES, NO OR UNKNOWN) (IF YES, GIVE W NKNOWN		Edna Strok				Avenue
		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost.	The same for	un Roje	rettin			MATE INTERVAL INSET AND DEATH
	NO	PART 2. OTHER SIGNIFICANT CO	rul Nascular (NOT RELATED TO THE TERM	INAL DISEAŠE OR CONI	DITION GIVEN	IN PART 110	
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDIN NG CAUSES	
1		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did not) v 22b. SIGNATURE	4-24 19 P 9, on view the body after death.	d that in (my) (our) opinion of	death occurred on the do			
4		22d. PHYSICIAN'S NAME (TYPE OR P	of Jet som	ATTENDING	MEDICAL STAR		14/20	484
		mar Sh	a Di den	84406	Corro	2		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

MAPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumatic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

DHMH - 16 50M 4/83 (VRA 15, 4)

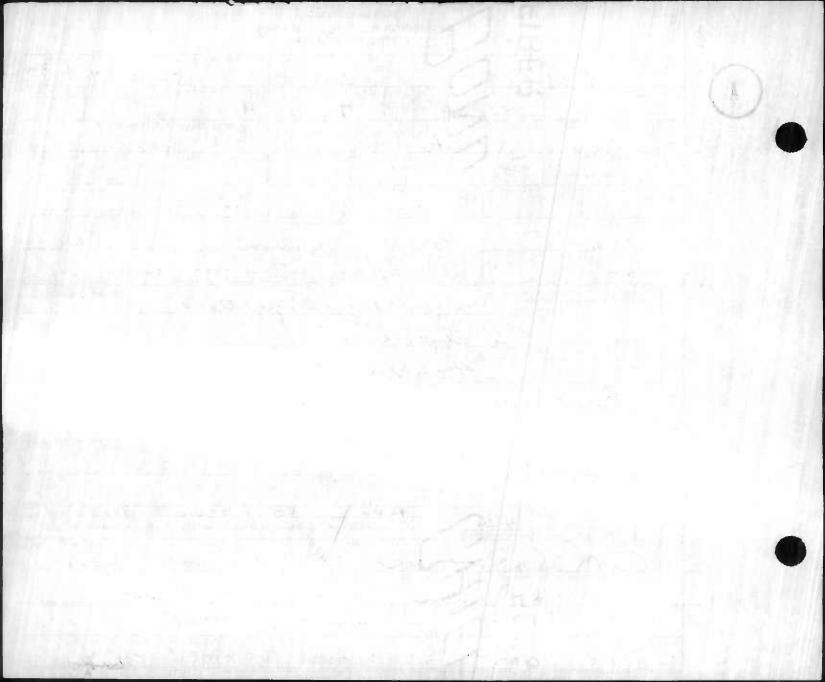
230 BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE) 4/30/84

23c NAME OF CEMETERY OR CREMATORY Mount Auburn Cem. Baltimore,

COUNTY

Md AIE

Wm C March F/H Inc. $110\overset{\text{ADDRess}}{1}$ North Avenue 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

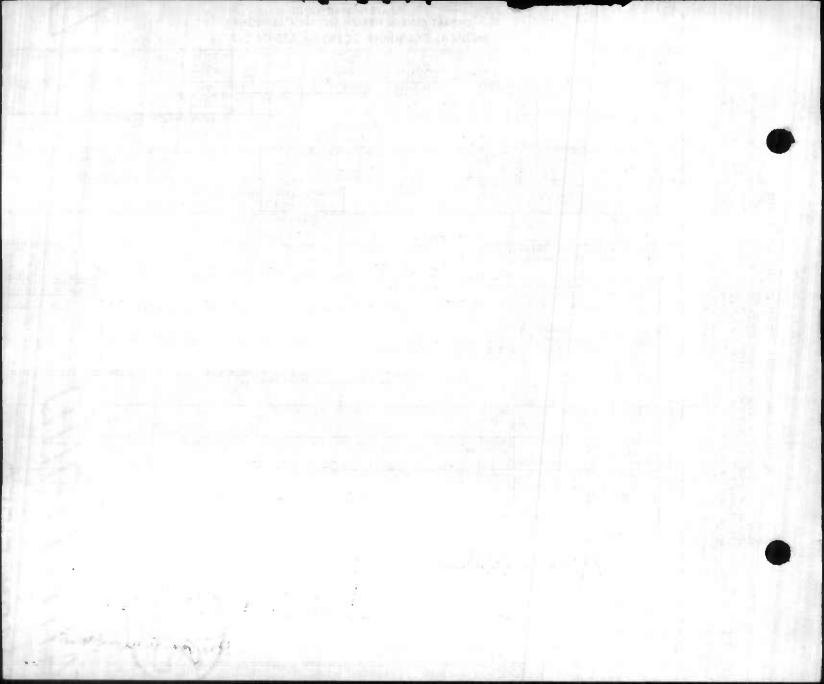


DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE 34-OLD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANNUARE AND RECESSER EXECUTE THE CERTIFICATE, WRITING THE WINERD DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER, ALCHO, MITH FORM PM. 3 SECRED PAGE 4 FOR YOUR FILES. TO FUNREAL DIRECTOR: PAGE 3 SHOULD BE FOR YOUR FILES. TO FUNREAL DIRECTOR: PAGE 5 FOR YOUR FILES. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGINE. DIVISION REVISION REVISION STREET, BARRIMORE, MARYLAND, 21301 PRIDER TO BURIAL CREMATION, OR REMOVAL.
DIVISION OF VITAL RE	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H. EXECUTE THE CRETIFICATE, WRITHING THE WOODD—PROJONGS—IN PRECILI IN TEMPORE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ACING TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BUBBIAL—TRANSIT PRIVATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN BARRIMORE, MARYLAND, 21201 PRIOR TO BUBBIAL—ERMATION, OR REMOVAL.

DHMH - 17 (VR A15 ME (5)) 20M 4/82

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		OR			D	EPART	MENT OF	HEALTH	AND M	ENTAL	YGIEN	IE n	9	1	9 5)	
		TATE			MED	DICAL	EXAMIN	NER'S	CERTIFIC	CATEC	F DE	ATH O	REG. NO.	d'	1 6	•	
		EASED NAME	FIRST			MIODLE			LAST			20 DATE KNO		HTMON	DAY Y	rear 7	b HOUR
		OR PRINT)			2.0		m a 11										BHOOK
			SHERM			CLIN			ROWN			DEATH MA				84	M
	3 SEX		4. RACE	5 DATE C	DF BIRTH DAY	YEAR	6. AGE (IN Y		HS DAYS	IF UNDER	24 HRS.	2c. DATE PRONOUNCES		ONTH	DAY		11:05
	Ma	ale	Black	8	11	44	39 V	rs.	DATS	HOURS	Miles.	DEAD		4	19 19	84	
d		THPLACE (ST		76 CITIZE	N OF WH	AT COUN		8 AAA DD	IED NE	VED AA ABB	ED []	9 BALTIMORI	CITYORC	OUNT	OF DEA	TH	
5	11110	eign country; arvlar	n d	1	J.S.,	٨			VED O	DIVORC	44000	Baltim	ore Ci	+v			MD
7		YORTOWN					RSING HOM					UAL OCCUPATI			2b KIND C	OF BUST	MD. NESS
J	-	2		(IF NOT	IN SUCH FAC	ILITY, GIVE S	TREET AODRESS)					MOST OF WORKING			OR IN	DUSTRY	
		altimo	CE (IF IN NURSING HOME OF				ck St.	1	eet)								
ľ.	Da. ST		13b COUNT		HITUTION, GIV		OR TOWN	ion)	13d INSIDE C	ITY LIMITS?	Tae STR	REET ADDRESS		21	217		
7	Ma	arylar	nd		100	Bal	timor	e	YES	NO 🗆	24	438 Dr	uid H	i11	. Ave	enue	e
'n	14 FA	THER'S NAME		MIDDLE			LAST			R'S MAIDE	ENNAM	MIDDLE			LAST		
r	/	Alford	1	WIDDLE		Haro				ildr	ed	MIDDE		P	rowi	า	1.5
	16a. W	AS DECEASED	EVER IN U.S. ARA		ES?		CIAL SECURI	TY NO.	17 INFOR	TIMAN	C G	A	DDRESS		, L O W I		
		S, NO, OR UNKNO	WN) (IF YES, GIVE V	WAR OR DATE	(S)	016	/ 0 5	100	n .		0	D	21.20	D		17.	1 1 4
Н		<u>NO</u>					-42-5	0126	Bar	para	5.	Brown	2430	וע			
		18 CAUSE O	F DEATH (Enter onl- ATH WAS CAUSED	RV.											BETWEEN		ND DEATH
Н		0/1	- LIMMEDIAT	E CAUSE	(o) Gu	nshot	t woun	ds of	abdo	men a	nd c	hest (u	nspeci	fie	d wea	pon)
П		16:		(DU	ETO, OR	AS A CON	SEQUENCE	OF '									
ı			ns, if ony, which		d. v												
			stoting the under-	DU	E TO, OR	AS A CON	ISEQUENCE	OF									
d		lying cau	se last.												100		
H		DART 2 OTHER CI	GNIFICANT CONDITIONS C		(c)	MIT NOT BEL	TER TO THE YEA	444441 046744	F DO COMPANIO								
	z	FARI Z UTHER SH	ONIFICANT CONDITIONS	UNIKIKUTING	5 TO DEALM B	IUI MUI KELI	RIED IO INE IER	MINAL DISEAS	E OK COMUIIIO	N GIVEN IN PA	IRI I (e).						-101
į.	CERTIFICATION	14 6 17 0 6		Torr													
r	2	19e DATE OF	OPERATION	196	. CONDIT	ION FOR	WHICH OPE	RATION V	AS PERFOR	MED?					20 AUTO	OPSY?	450.0
	#														YES	K	NO 🗌
ÿ	8		L CAUSE WAS		TIME OF		DAY YEA		OW INJURY	OCCURRE	D (ENTER	NATURE OF INJURY	N ITEM 18 PART	I OR PART	2)		
0	X	UNDERLYING	OR NG CAUSE OF D	EATH 1	1 · 45M	4-19	10 R	1 51	biect	TATA C	shot						
'n		21d INJURY C		216	PLACEC	F INJURY	(AT HOME,	21f. LC	CATION	vvas	SHOC	•					_
	2	WHILE	NOT WHILE		STREET, FACTO		TC.)		STREET			CITY OR TOWN		COUR	4TY		STATE
		AT WORK	AT WORK		st	reet		1901		elock	St.	,Balto,					\underline{Md} .
	10	22a I certii	fy that I took charge	e of the re	mains desc	ribed abo	ive, held on	Autop	sy X.	Inspectio	n .	Inquiry	, and in	ту орн	nion		- 0
		death results	ed from: Natur	al causes		Accident	S S	vicide	Hamie	cide X.	Under	termined manne	, [],				
			A.							PECIFY)			WITTEN				- 01
		ACTUAL SIGNATURE	MM	(h	NY						·	ICAL EXAMINE		DATE	4-2	0-84	1
Ź		SIGNATURE	111	1	Las			^	1.D. 21001	.D COLIT	MEL	ICAL EXAMINE	R :	SIGNED			
1		EXAMINER'S	NAME Ann	M 6	ixon	MI			13.67	111 1	Penn	St., Ba	110.	Md.	212	01	
		(TYPE OR PRI			TAOII				ADDRESS_				,	1101			
	23a.BU	BURIA	TION, REMOVAL 2		5/84		NAME OF CE					a Trimo	ra	COUNT	Y	Md	
		DUKL	AL	4/2	1/04	I	Dunt	Aubi	arn C	em,	D.	altimo	re,			T.I. Cl	
		LIEDAL DIDEC										A DECLETO A POLICE				_	

Wm C March F/H Inc. 1101 E North Avenue APR 24 100 FEGISTRAR'S SIGNALITY OF THE NORTH AVENUE APR 24 100 FEGISTRAR'S SIGNALITY OF THE NORTH



O TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune that the detacked for use as the burial-transit permit. Then please remave carbon papers. Pages , and it should be filed within the stole Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

may be

pt	FOR STATE REGISTRAR		PARTMENT OF I	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REG. N	9 /	9 3	3
	DECEASED NAME FIRST	E.	Br	ban	20 DATE OF DEATH	MONTH DAY		HOUR M
1	Female	Black	Black S. Date of Birth			YRS	THS DAYS HO	UNDER 24 HRS OURS MIN.
	Maryland	U.S.A.	MARRIE WIDOW	ED DIVORCED	BALTIMO			MD.
	BALTIMORE	11. NAME OF HOSPITAL, IN (IF NOT IN SUCH FACILITY, GIV BALTIMORE	E STREET ADDRESS)	OR OTHER INSTITUTION HOSPITALS	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST		126 KIND OF B	USINESS OR
60	USUAL RESIDENCE IF NURSING HOME OF 130 STATE 136 COL	JNTY 13c. CITY O		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 2857 Wo		k Ave.	21217
W	4 FATHER'S NAME FIRST Charles		nith	15. MOTHER'S MAIDEN NA	MIDDLE		Bouyer	
5	60 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) UNKNOWN	IVE WAR OR DATES)	-12-326	Walter A.	Brown 28		dbrook	
mory, or orner troumonic eve	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN	NSEQUENCE OF	I NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN	IN PART 110	
9	19a DATE OF OPERATION. 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYING	G CAUSES OF	USED DEATH?
- //	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE	EATH HOUR A.M. MONT	19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		OR PART ?)	STATE
THEM 21 IS MORE	220 I certify that ((this has	1) view the body ofter death	CO / 1	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [death occurred on the d	FF _/		
2:	236. BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF C	CEMETERY OR CREMATORY us Memorial	Pk . CHARDY	tus, "	YINUC	M'd'.

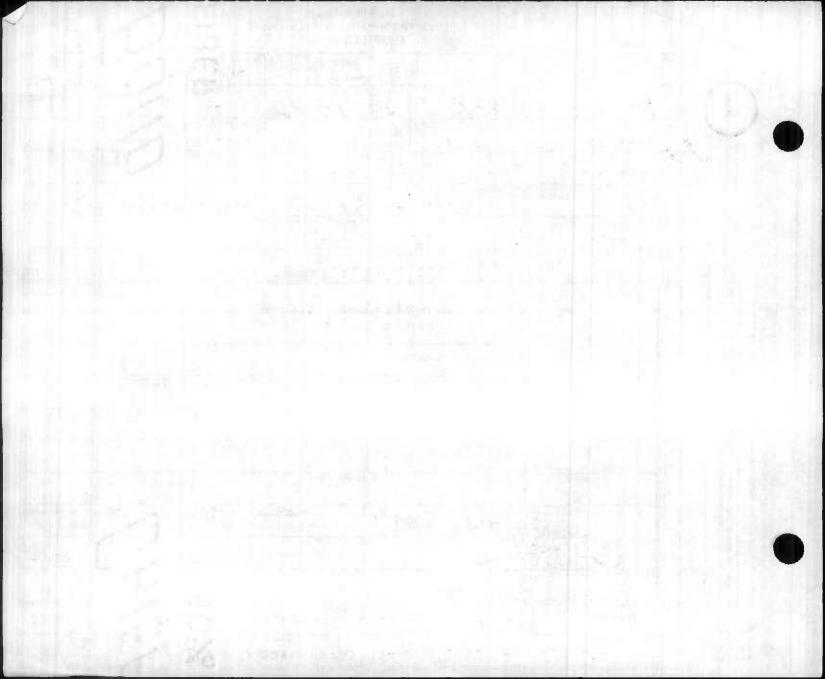
DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital ar attending physician

24 FUNERAL DIRECTOR CAMEMarch F/H Inc. 1101 North Avenue

4/10/84

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE APR



0 0 0		MITITA	111	L, D	TOMI		ADITI Z,	1304	1	
e 4 may be ctor, page s ofter dea	3 SEX	Male	RACE Blac	ck	5. DATE C		6 AGE (IN YEARS LAST BIRT		# UNDER I YEAR	IF UNDER 24 I
neral dire	(RTHPLACE (STATE OR FOREIGN COUNTRY)		B. CITIZEN OF WHAT COUNTRY? WARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED			9 BALTIMORE CITY O	R COUNTY		
by the fu	10 CI			HOSPITAL, NURSIN CHEACHITY, GIVE STREET, Edmonds		venue	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O			OF BUSINESS
filled in lour and be for the filled in lour		AL RESIDENCE (IF NURSING HOME OR.) 13b. COUN		Baltim		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /			21223 enue
completely s 1 and 2 s 2 and 2 s 2 and 2 s 3		William	AIDDLE	Brown,	Sr.	15 MOTHER'S MAIDEN N FIRST Carolin	n e	200	Jone	
be exection on a control of contr		VAS DECEASED EVER IN U.S. AR/ VES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	217-03		Mabel Br	ole) own 1624 Ed			Venue
S, 201 W. PRESTON ST., BAL burs that the death certificate igned by the attending physici en please remove carbonopper burial, cremation, or removal. bury, or ather traumatic event, th	7	PART I. DEATH WAS CAUSED HMEDIAT Conditions, if ony, which gove rise to immediate couse lol, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, C	OR AS A CONSEQUE	NCE OF	who Miles	Ju .	DITION GIVE	EN IN PART 1	o
ne law requir on. has been sign permit. Then	CERTIFICATION	190. DATE OF OPERATION	19b COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	, WERE FINDING CAUSES	
ICIAN: TI g physicia gentificate riol-transition antal Hygi fem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	IH .	DF INJURY m. MONTH DA m.	Y YEAR	21¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PA	ART I OR PART 2)	
DING PHYSICIA or offending pi After this certifies os the buriol-to olth and Mental marked an flem	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn /	COUNTY	STAT
PENDI Tolor OR: A		220.1 certify that (1) (this haspit sow the deceased plive an above, (1) (we) (did) (did not) 3/1	183	, or	a that in (my) (aur) opinion	on death occurred on the do	ate and hour	,	that (1) (we)
by the hospin legal DIRECT se detached to Stote Dept. of		22b. SIGNATURE	2			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FF JIAN 🔲	22c. DATE	SIGNED 3//2
O HOSPIT		MALIK A	Rehm	AN M.	0	270 ADDRESS Ha	mmonds	Jerry	Pd. m	alto.
U 0 F 7 3 ≥ 1			12				Teas to a triont			

23b. DATE

4/6/84

Wm, March F/H 1101 E. North Aye.

FOR - STATE

(TYPE OR PRINT)

REGISTRAR

TAT i I I i am

DECEASED NAME

ST. OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4

CERTIFICATE OF DEATH

22c. DATE SIGNED TAFF SICIAN [Arbutus Memorial Pk, CHYARTOBNUtus Md STATE 250 DATEMES D. BY REGINDER 256 REGISTRAR'S SIGNATURA DATEMENT OF THE PROPERTY OF THE PROPERTY

REG. NO

1984 BIRTHDAY)

STATE

_, that (I) (we) last

26 HOUR

176. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

28. DATE OF DEATH MONTH

7 mm 4 7

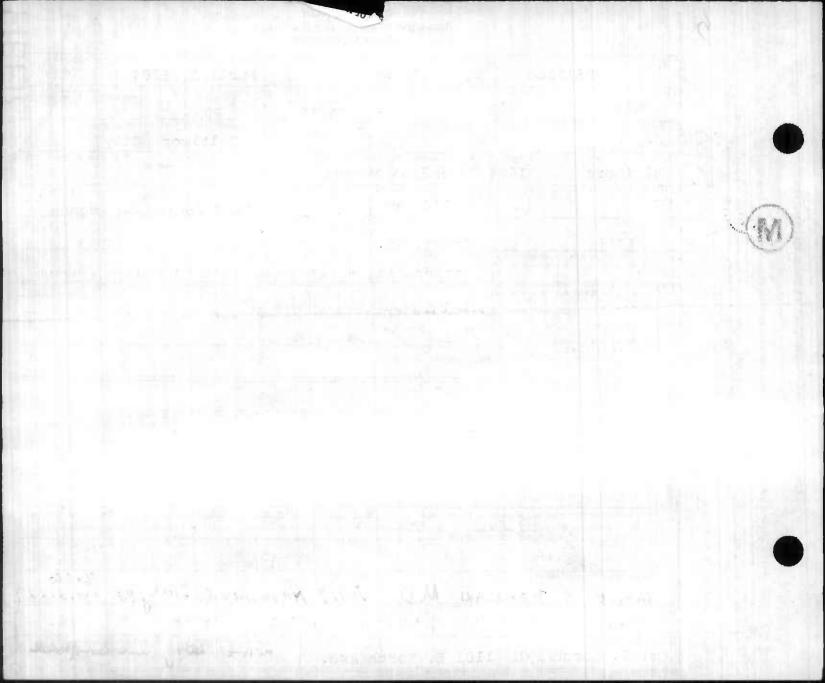
DHMH - 16 50M 4/83 (VRA 15, 4)

BP

23a. BURIAL, CREMATION, REMOVAL

(SPECBURIAL

24 FUNERAL DIRECTOR



n 72 hours after death

ge 4 may be

24 hours after

executed

pe

OR ATTENDING PHYSICIAN: The law requires that the death certificate

retained by the haspital or attending physician.

TO HOSPITAL

BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 9	1 7	2)	
1. DE	CEASED NAME FIRST	MIDDLE	Į,	AST		MONTH D	AY YEAR	26 HOUR	
4-TYPE	William	Franklin B	rown	20.		4 2	284	1115A	
3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	male	Negro	2	15 44	40	YRS.			
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	□ NEVER MARRIED X 3	9 BALTIMORE CITY O	R COUNTY			
	N. Carolina	U.S.A.	WIDOWE		BALTIMO	RE CI'	ΓY,	M	
10. CI	BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		NO 21218	120 USUAL OCCUPATI		126, KIND O	F BUSINESS OF	
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE NO COUN Aryland Anne	THER INSTITUTION, GIVE RESIDENCE BEFORE IF ISC. CITY OR TO Arundel Seve	NW	13d Inside City Limits? Yes \(\text{NO \(\bar{\text{L}}\)	13e STREET ADDRESS A 8628 Pion	zipcode	Drive	2/14	
JA FA	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAST		
X	William	Brown,	Sr.	Madeline			Brown		
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEG	CURITY NO.	17 INFORMANT	ADDRE	SS			
	YES, NO ORUNKNOWN) (# YES, GN	218-42	-9309	William Bro	own, Sr.	2059 1	Kenned	ly Ave	
	18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b),	and (c).)					MATE INTERVAL	
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (D) Gastra		nal Bleedin	19		24		
1	5715	DUE TO, OR AS A CONSEO							
	Canditions, if any, which	(b) Esopho		varices					
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO	-						
	underlying cause last.		10515						
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 14 patic encephalopathy, Klebsiella bacteronia								
3	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES		WERE FINDIN	GS USED	
Ē					YES NO	YES		NO [
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE /	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2]		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	E 5404 57()	211 LOCATION	CITY OR TO	wn	COUNTY	STATE	
Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET, PACTORT, OFFICE	E, PARM, ETC.)		,				
	220.1 certify that (1) this hospi	tal) ottended the deceased from	4/1	4 19.84	10 4/22		984	that (II) we) lo	
	saw the diceased alive on	it) view the bady after death.	P4. or	d that in (my) our) opinion a	death accurred on the de	ate and haur	and from the	couses stated	
	276. SIGNATURE	3 Shrigh mp		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		4/2	SIGNED	
	Charles B	. Silvia Jr m	0	VAMC B	ALTIMORE,	MO	2/2	18	
	BURIAL, CREMATION, REMOVAL REMIATION	4/26/84		ew Mem. Pk.	Catonsv:		COUNTY	Мa.	
24. FI	UNERAL DIRECTOR	47000		25a. DAT	E REC'D. BY REGISTRAR	256 REGISTR	AP S SIGNAL	URE- TO THE	
Wn	m C March F/H	Inc. 1101 E	North	n Ave. A	M 2 4 1834	gunad	icult sea	HOMEN	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and shauld be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pagel with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

probable landadores de la contraction de la cont 28 more hospitalijasik Charles Between mo The second secon

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Brail.	U	1	4	0	-

1 -	STATE REGISTRAR			TIFICATE OF DEATH	REG. NO.	
	EASED NAME FIRST Ja	mes H. M	Bucy	LAST	20. DATE OF DEATH MO	NIH DAY YEAR 26 HOUR
(1AbE (OR PRINT)	7		Bucy	. 4	26 84 2:15 PM
3 SEX		4. RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	
	m	w	Mo	DAY YEAR	75	MONTHS DAYS HOURS MIN.
	THPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?		9 BALTIMORE CITY OR C	
C	Marvland	118		RIED NEVER MARRIED DIVORCED	Ballimi	a CITUA MO
IO CIT	Y OR TOWN OF DEATH	11. NAME OF HO		AE OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
	1.14	(IF NOT IN SUCH	FACILITY, GIVE STREET AODRESS	- 1.1	Retired	Md. Correctional
DELLA	L RESIDENCE (IF NURSING HOME OF	Uni	00	anyland	THE CITED	Trestitution
13a. S1			13c CITY OR TOWN	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI	P CODE
-/	md 11.	(CJary	Cuntular	YES NO	8 Brieson	o 57. Cumbalant
14. FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST
	Richard		3.01.	12-6/0	_	ockbrough
16a W	AS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECURITY NO	D. IT. INFORMANT	ADDRESS	
{YI	es, no or unknown) (IF yes, GI	VE WAR OR DATES)	6/67970	Mrs. Eva I.	Bucy, Cumber	land, Md. Wife
	18 CAUSE OF DEATH (Enter of	aly one couse per la	ine for (a) (b) and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY:	- / /	. on. Race.	1	
	4140 IMMEDIA	TE CAUSE (a)		may / 11/5		
	7770	DUE TO, OR	AS A CONSEQUENCE O	F		
7/4	Conditions, if any, which gove rise to immediate	(b)	16:00 1-0 X	y Portuk.		
	cause (a), stating the	DUE TO, OR	AS A CONSEQUENCE O	E		
	underlying cause last.	((c)	mult.	-gan Failler	1	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a
O	Gorgnan	60- 40	~ Discon	a		
TA	190 DATE OF OPERATION	196 CONDIT	ON FOR WHICH OPERA		20a AUTOPSY? 20	Db. IF YES, WERE FINDINGS USED
CERTIFICATION	2/2/014	0	. 12	2-	YES NOAT	YES \ NO \
RT	2 M. ACCIDENT WAS UNDERLYING	7 21b. TIME OF		1214 HOW IN HIPY OCCUP	RED (ENTER NATURE OF INJURY IN	
	OR CONTRIBUTING CAUSE OF DE	110110 171			LEWISK WATORS OF MORE IN	THEM IS FART FOR PART 21
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE			9		
G)	214 INJURY OCCURRED	21e. PLACE O	FINJURY ET, FACTORY, OFFICE FARM, ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	AT WORK AT WORK	,				
	22a I certify that (I) (this hosp	ital) attended the	deceosed from	2-11 / 19 87	to_//2// 1	19, that in (we) last
	saw the deceased alive or	April	25 19 84	, and that in (my) (our) opinion	death occurred on the date	and hour and Iram the causes stated
	above;(1) (ve) ((id)) did no	at) view the bady o	itter death.	DEGREE		22: DATE SIGNED
	100	12-	.0	ATTENDING	MEDICAL STAFF	3 .11 Min
23	Rud	- Janes	an -	PHYSICIAN [DIRECTOR PHYSICIA	1/2911
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	01-0/	
	Nld	600 dr	nor	(11, V. 6	of proffs.	of Kosp
	1.//2					
	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME C	F CEMETERY OR CREMATORY	23d. LOCATION	1
	PECIFYI		001		CITY OR TOWN	nd. Allegany Md
(5		236. DATE 4-30-19	200		k Cumberlar	

DHMH - 16 50M 4/83 (VRA 15, 4)

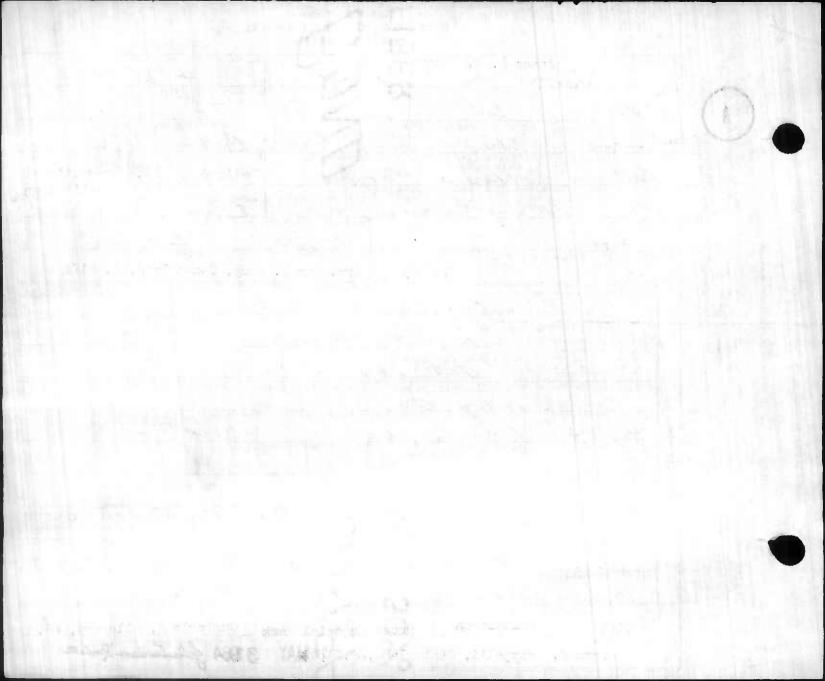
BP.

TO FUNERAL DIFFCTOR. After the conflicte has been signed by the offending physician and completely filled in by the internal property. Pages 1 and 2 should be filled with the state Dept. of the other pages.

medicol

injury, or other troumotic event,

MPORTANT: If hem 21 is marked or



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9/9/

1	1 -	REGISTRAR SARAF	A. BULI	OUGH	CERTIFIC	CATE OF DEATH	REG. NO	o .			
1	1. DEC	CEASED NAME FIRST		AIDDLE	LAS	1	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
1	[IANF	SARAH	ANGL	E Bu	1100	ugh		+ 1141	84	630 A	М
1	3. SEX		4. RACE		DATE OF		6. AGE (IN YEARS LAST BIR		UNDER LYEAR	IF UNDER 24 HRS	_
П	1	EMALE	WHITTE		5 -	27 - 1883	100	YRS.	DATS	MIN.	ı
ż		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8.	MAPPIED	□ NEVER MARRIED □	9 BALTIMORE CITY O		1		
7	W	ASHING TON COUN	ky Md. U.		VIDOWED.	_	Baltim	ore Ci	gd	M	D
1	TO. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING		OTHER INSTITUTION	17a USUAL OCCUPATE			F BUSINESS OF	R
2	B	Eltimore Cita		2CH HOM			HOUSE WIFE		OWN H	OVID	
5	13a S		YTMUC	GIVE RESIDENCE BEFORE AD. 13c CITY OR TOWN BAINTIMORE	- 11	3d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			04004	
_		THER'S NAME	TO. CITY	DATITION		YES NO D	101 NORTH	BOND S:	मेर्स संस्कृत	21231	_
γ	1	ENDST	MIDDLE	LAST		FIRST	WIDDIE		LAS		
4	Ián W	SAMUEL VAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURIT	Y NO I	IDA 17 INFORMANT	K.	ŠŠ	BOUSE	a	_
2			, GIVE WAR OR DATES)	219-38-8		MS. SHIRLEY	KELLER 101	N. BOI	D ST.	BALTO.	
		18 CAUSE OF DEATH (Ente	r only one couse per	line for (a), (b), and (c	c1.)				BETWEEN	MATE INTERVAL ONSET AND DEATH	Ī
		PART I. DEATH WAS CAL	USEÓ BY. DIATE CAUSE (0)	CARDIOP	MIN	LONARY to	REST			+ -==	
		5770		R AS A CONSEQUENCE	CE OF						
		Conditions, if any, which		CORONA	. 1	terery D.	SEASE		197	0-19ex	
		gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF									
		underlying cause last.	((c)_	Urnen	Tree	CT INFEC	TION				
	7	PART 2. OTHER SIGNIFICAN	NT CONDITIONS CO	INTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 11	3	
-	TIO		<u>C</u>					Tool of Mes	VERF FUIR	100	_
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OF	PERATION	WAS PERFORMED	20a AUTOPSY?		WERE FINDIN NG CAUSES		
	RTI	21a. ACCIDENT WAS UNDERLYING	71b, TIME O	E IN II IDV		21c HOW INJURY OCCURE	YES NO	YES		NO 🗌	_
1		OR CONTRIBUTING CAUSE OF	LIOUR A	M. MONTH DAY		ZIL HOW HAJORT OCCORP	CENTER NATURE OF INJUI	Y IN HEM IS PAR	I TORPAREZ		
	MEDICAL	(IF EITHER, NOTHY MEDICAL EXAM	21e. PLACE		19	211 LOCATION					_
1	MEE	WHILE NOT WHILE I		EET, FACTORY, OFFICE, FARM		STREET	CITY OR TO	WM	COUNTY	STATE	
			and the second of the	demonstration		125 10 70	41	14 10	9.4	that (It (we) la-	
ń		220 I certify that the (the saw the decreased alive	on 0 4/1	4/ 484	-	that in (my) (our) opinion o	, 10		- /		51
	1	above ((we) (did) (did	pg ye the body	ofter feath/	DE	GREE			27c. DATE	SIGNED	-
	((0)	(N1	WIN 1		ATTENDING PHYSICIAN	MEDICAL STAI		4-	14-52	L
1	0	22d PHYSICIAN'S NAME (IN	PE OR PRINT			22e ADDRESS				7 07	
		DAHAD	BUSH	M			Home 1	or N. B.	and St	- ma	
	23a. B	BURIAL, CREMATION, REMOV		3.1		METERY OF CREMATORY	236 LOCATION		COUNTY	STATE	
		BURIAL	4-17-8	4 Cong	ress	ional Cemeter	y Washing	gton	D.C.	•	

DHMH - 16 50M 4/83

MPORTANT: If Hem 21 is

Leroy M. & Russell C. Witzke Funeral Homes 1630 Edmondson Avenue Balto, Md. 21228

4-17-84

Washington D.C. APR 16 1984 Mile Davidson-Rand

(VRA 15, 4)

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THE SECTION IS BRIDER OF TOT HE BOAR ST. BARRY.

SECURIT TOTAL CONTRACTOR

101 Rosen Burn Burn Saldan 2123

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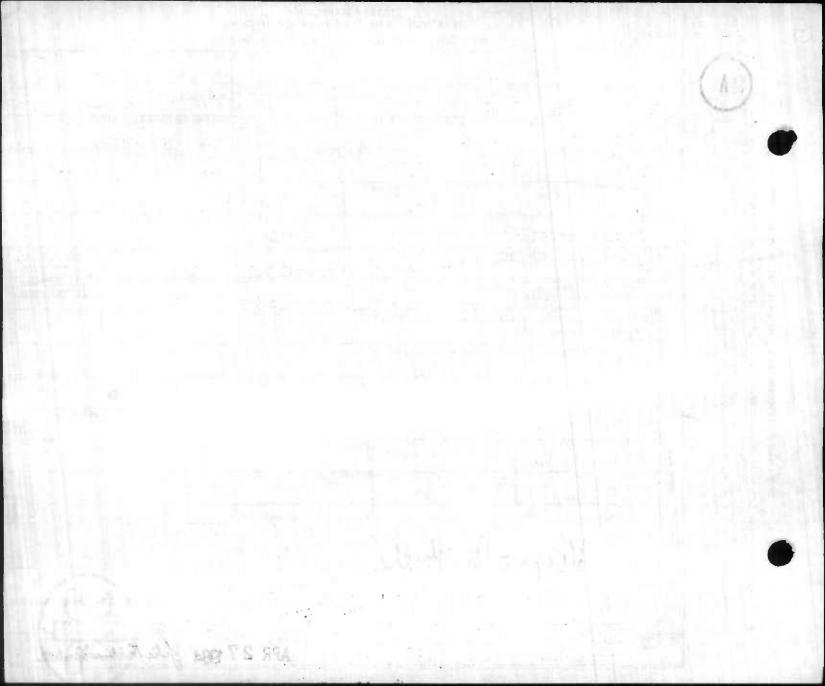
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21		FOR STATE			EPARTMENT OF H			G		9 /	7 0	•
	1	REGISTRAR	c FIRST	MEL	DICAL EXAMINI	ER'S CER	TIFICATE	OF DEA	NEG.			
	(TYPE OR PRINT)										DAY YEA	26 HOUR
1			MABE						DEATH MATED	□ 4-22	2-84 ₁₉	M
/	3 SEX		4. RACE	DATE OF BIRTH	904 6. AGE (IN YEAR LAST BIRTHDAY 80 YRS	MONTHS	1 YR. IF UNI	DER 24 HRS.	2c. DATE PRONOUNCED DEAD	71.074177		24 1100K
1		2-8419	9:30RN									
12	a BII		Y OF DEATH									
4		City										
2	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 10. VILLE OF WORK OF WORK FOR MOST OF WORKING LIFE) 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME,										OR INDU	STRY
4	1	altimo						N	urse		Nurs	ing
32	13a. S1	TATE	13b. COUNT		13c. CITY OR TOWN		INSIDE CITY LIMIT		EET ADDRESS			
4		Nd,			Balto.		S NO		7 W. Monur	nent S	t.	21201
20	J FA	THER'S NAME		WIDDLE	LAST	15	MOTHER'S MA		MIDDLE		LAST	
24			pheus F		Bulman	11	Jess	1e	40000		Iume	
/		ES, NO, OR UNKNO	D EVER IN U.S. ARA						ADDRE	4/01	Kenmo	
/		no			215-32-955	6 Ms	. Nell	Volk	Alexand	iria.		2304
1.4	17	18 CAUSEO PARTIDE		ly one couse per line:							BETWEFN OF	NATE INTERVAL
t		11-	IMMEDIAT	E CAUSE (0) Ar	teriosclero	ric car	diovas	cular	disease		-	
3		72	92	DUE TO, OR	AS A CONSEQUENCE O)F						
, ver		gove ris	ns, if ony, which se to immediate	(b)								
5		lying cou) stoting the <u>under-</u> use lost.	DUE TO, OR	AS A CONSEQUENCE O	F						14 10
5				(c)								
KEWATION	7	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO GEATH B	UT NOT RELATED TO THE TERMIN	VAL DISEASE OR C	ONDITION GIVEN I	N PART 1-(a).				
5	CERTIFICATION	19th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED?							Tea	cua.		
KIN	FICA	198. DATE OF	OPERATION	196 CONDII	MON FOR WHICH OPERATION WAS PERFORMED!						20 AUTOP	
8	ERTII	71a EXTERNA	AL CAUSE WAS	21b. TIME OF	INJURY	Tale HOW I	NILIPY OCCU	IDDED : ENTER	MATURE OF INTURY IN FEE	I BART I OP BAR	YES [NOXX
9			OR NG CAUSE OF D		FINJURY A. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR						(12)	
3	MEDICAL	21d INJURY C			0F INJURY (ATHOME.	21f. LOCATI	ON					
21201 PR	ME		NOT WHILE		DRY, FARM, ETC.)	STREET			CITY OF TOWN	COL	INTY	STATE
717		AT WORK	AT WORK						577			
Š.		22a I certi	fy that I took chorg	e of the remains desc	ribed obove, held on	Autopsy	, Inspe	ction .	Inquiry X	ond in my op	noin	- 13
5		death result	ed from: Notur	ol causes X	Accident, Suic	ide,	Homicide	_ Undet	ermined monner],		
WAKTLAND		AGTUAL	May	la in the	0 (1/2.01.		TITLE (SPECIFY			DATE	4-23-	-84
Ž/T		SIGNATURE.	JUM	ma Mi	44.16W	M.D.	Assista	MED WED	ICAL EXAMINER	SIGNE	The same of the sa	
2/1		EXAMINER'S	NAME MA	·:	Varall M.D.		RESS_111 F	Penn S	treet			
1	-	(TYPE OR PRI			Korell, M.D.							
à	23a.Bl	PECIFY)	TION, REMOVAL 2		23c. NAME OF CEM		EMATORY	236 LC	OCATION OR TOWN	COUN		STATE
	74 FI		emation		Greenmou		25n D.4	TE REC'D BY	Baltimor	GISTRAR'S S		1d
	. 7 1 (NAME SC	himunek	Funeral	L Home, Inc		12134		7 2004 4.1	. Janie	30-1	2.00
)}		3	3331 Bre	hms Lane	Balto.	Md. 2	1213		1004	a runtaz	DLAN-LO	400

DHMH - 17 (VR A15 ME (5)) 20M 4/82

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1	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4	retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	should be detached for use as the burial-transit permit. Then prease remove carbonpopers. Pages Jond 2 should be filled within 12 has a should be detached for use as the burial-transit permit.	with the State Dept. of Health and Mental Hygiene prior to Queial, cremation, or removal.
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BP DHMH - 16 50M 4/83

(VRA 15, 4)

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IMPORTANT If Item 21 is morked or Item 18 sh

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)	1 -	FOR STATE REGISTRAR		CERTIFICATE OF DEATH REG, NO.								
		EASED NAME FIR	Aymo		IDDLE	Bu	weh		20 DATE OF DEATH	WONTH D	DAY YEAR	26 HOUR 7 4 4 7 M
l.	3. SEX	Nove 1. RACE		1	Z Black 5. DATE O			AR 4	6. AGE (IN YEARS LAST BIRT	YRS	FUNDER LYEAR	IF UNDER 24 HRS HOURS M.IN.
J		THPLACE (STATE OR FOREK DUNTRY) Carolina		ZEN OF V	VHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIE	D	Baltimore CITY OF		OF DEATH	MD.
1	10 CIT	Y OR TOWN OF DEATH	11. NA (#)	AME OF H		G HOME C	OR OTHER INSTITUTION	N	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON WORKING LIFE	INDUSTRY	F BUSINESS OR
5	13a. S Ma	ryland		ISTITUTION,		ADMISSION)	134 INSIDE CITY LIM	AITS?	3.STREET ADDRESS / Baltimore,	ZIP CODE	4109 Bo	parman Av
7)	14 FA	THER'S NAME FIRST Anderson	MIDDLE		Bunch	1	15. MOTHER'S MAID FIRST Ella		WIDDLE		Smit	
		AS DECEASED EVER IN C			166 SOCIAL SECU		17 INFORMANT		ADDRE	S 4109		n Avenue
'	(1)	NO. (F	YES, GIVE WAR OF		231-10-3	345	Lawrence	Arms	trong Balt		. Mary	and 2121
. i sour	NO	Conditions, if ony, wh gove rise to immedicate (a), stating	ich ote the DU	JE TO, OR (b) JE TO, OR (c)	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO 1	ENCE OF	CA NOT RELATED TO TH	E TERMIN	nal disease or cone	DITION GIVI	EN IN PART TO) i
1	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDI			ION FOR WHICH	OR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA			
2	MEDICAL CER	71a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICAL E.	E OF DEATH H	OUR A.A	A. MONTH DA	AY YEAR	71c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR			ART I ORPART 2)		
	MED	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	t A		OF INJURY SET, FACTORY, OFFICE, F	ARM, ETC.)	211, LOCATION STREET		CITY OR TO	VN	COUNTY	STATE
		27a. I certify that (I) (this hospital) attended the deceased from										
ō ji		226 PHYSICIAN'S NAME	Z, (6 sa			Balto	, C	ty Hospi	Eas	tesu ,	Ave
0.5	23a B	URIAL, CREMATION, REM Burial		10/1			EMETERY OR CREMA		23d. LOCATION CITY OF TOWN Baltimore		COUNTY	aryland
		NERAL DIRECTOR NUT	ter & alls Pk	Sons	ADDRESS		Inc.	APR	REC'D. BY REGISTRAR	REGIST	RAR'S SIGNATI	URE andell

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IN.	Uľ	HEAL	ın	AND	WELLI	AL	nı
CE	RTI	FICA	TE	OF	DEAT	H	

REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME END CT 26 HOUR 84 CIN YEARS LAST BIRTHDAY 4 RACE 5. DATE OF BIRTH 1917 9 Black 66 Male 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE ISLATE OR FOREIGN

MARRIED NEVER MARRIED N. Carolina U. S. A. WIDOWED DIVORCED

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS

DROVIDENT HOSPITAL

LAST

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

LTIMORE CITY 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET Mail Carrier

INDUSTRY U. S. Postal Service 130.STREET ADDRESS / ZIP CODE 4030 Westchester

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13g. STATE 13c. CITY OR TOWN Baltimore Maryland FATHER'S NAME

MIDOIL

15 MOTHER'S MAIDEN NAME FIRST Essie

LAST Bunn

Elias 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN)

PART I, DEATH WAS CAUSED BY:

IN CITY OR TOWN OF DEATH

FIRST

Bunn Sr. 66 SOCIAL SECURITY NO

17. INFORMANT

13d. INSIDE CITY LIMITS?

ADDRESS 4030 Westchester Rd.

Rd. Baltimore, Maryland 21216

TIE YES GIVE WAR OR DATEST Yes WW 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

IMMEDIATE CAUSE

219-03-0005

Essie M. Bunn ARDIORESPIRATORY ARREST

Baltimore, Maryland 21216 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

couse (o), stoting underlying couse

19a DATE OF OPERATION

AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF ENIC CARCINOMA

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ite

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY						
	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM.	ETC)					

NO YES 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

70n AUTOPSY?

211 LOCATION

CITY OF TOWN COUNTY

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on APR1L 2Z 19 obove, (1) (we) (did) (did not) view the body after death.

NOT WHILE

ATTENDING

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STAFF

STATE

E. CHINWUBA

DIRECTOR PHYSICIAN

MEDICAL

ould be detach the State De PORTANT: If It	221 PHYSICIAN'S NAME (IV CHR IS TIM
₩ 3 ₹	230. BURIAL, CREMATION, REMOV

4/26/1984

Woodlawn Cemetery

DEGREE

23d LOCATION CITY OR TOWN

Baltimore, Maryland

24 FUNERAL DIRECTOR Nutter & Sons Funeral Home Inc. 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR'S REGISTRAR'S SIGN THRE

DHMH - 16 50M 4/83

MEDICAL

CERTIFICATION

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en certai service 7-5-Enterror X m no. releaser, Mryling Sills Parmiar. Sector C. dunn to 200 vestconster 1005 table M. Bunn Wilthope. Kerylind 11216 Serial /78/100 Acceller Commerce Unitimore, complete

2501 Governs Fells May. Sulticays, et. 11216 | 000

completely filled in by the funeral s 1 and 2 should be filed within 72 l

ne prior to buriol, cremotion, or removol.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the buriol-transit permit. Then please remove corbo

should be detoched for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene prio IMPORTANT; If Irem 21 is morked or Item 18

h	1	-	
1	0	1-	FOR STATE REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4

0	9	3	0	

CEDTIFICATE OF DEATH

REGISTRAR				CERTII	ICAIL OI DEA	111	REG	NO.			
1. DECEASED NAME	Wilbur T.				NTING, SI	۲.	April 5		DAY YEAR	26. HOUR 2:15P	
3. SEX	4. RAG	E		DATE C		YEAR	6. AGE (IN YEARS LAST		MONTHS DAYS	IF UNDER 24 HRS	
Male	W	hite		Febr	uary 15,1	1897	87	YRS			
70. BIRTHPLACE (STATE ORFO COUNTRY) Maryland		.S.A.		* MARRIED NEVER MARRIED WIDOWED TO DIVORCED			Baltimore City Baltimore City				
10. CITY OR TOWN OF DEA Baltimore		11. NAME OF HOSPITAL, NURSING HOME (INDICATED AND THE ACTION CENTER AND THE ACTION OF THE ACT					126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Loan Officer Banki			F BUSINESS OR	
USUAL RESIDENCE (# NURSI 130 STATE Maryland	NG HOME OF OTHER	13c. C	ESIDENCE BEFORE AL LITY OR TOWN 1 timore		13d. INSIDE CITY I	LIMITS?	13e STREET ADDRES		ers Ave	. 2121	
14. FATHER'S NAME FIRST Septimns	J.		LAST Bunting		15. MOTHER'S MA FIRST Emma		MIDDI.		Willia	mson	
160 WAS DECEASED EVER ((YES, NO OR UNKNOWN) NO	N U.S. ARMED F (IF YES, GIVE WAR C	OR DATEST	5-07-60		J. Al	len B	unting-12	Luth Croftle		, Md. 21093 MATE INTERVAL DNSET AND DEATH	
Conditions, if ony, gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PARTI. DEATH WAS CAUSED BY: Acute respiratory failure UMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN Emphysema; Urinary tract infection; severe coronary disease.									ays	
190 DATE OF OPERAT	ION I	96. CONDITION	FOR WHICH O	ICH OPERATION WAS PERFORMED 200 AL			200 AUTOPSY? 200 IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DI YES NO				
OR CONTRIBUTING C	218. ACCIDENT WAS UNDERLYING				YEAR 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. LOCATION				STATE		
220.1 certify that (4) saw the decease above, (1) (4) (4)	(this hospital) at		eosed from	Marc	ad that in (my) X ur	9 84	, toApr			thotXII (we) lost couses stated	
- Koher	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 122 DATE SIGNED 4/5/84										
	Robert E. Roby, Jr., M.D. 22e ADDRESS C/O Maryland General Hospital										
230 BURIAL, CREMATION, F	REMOVAL 236	DATE			EMETERY OR CREA	MATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	
Burial		4-9-84	Du	lane	y Valley		Timoniu	n, Balt	imore, M	aryland	

DHMH - 16 50M 4/B3

(VRA 15, 4)

24 FUNERAL DIRECTOR ADDRESS 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md.21204 Timonium, Baltimore, Maryland

BY REGISTRAR STOMATUR 250 DATE REC'S

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Nobert I. Zolm, Ir. C.D. ofo Maruland Cemeral Mounitel

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Idso York Ba.

Luck Covers Tunds I Love, Inc. 'crean, 'c.:12'

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician is should be detached for use as the burial-tronsit permit. Then please remave carbonpopers. Powith the State Dept of Health and Mental Hygiene prior to burial, crematian, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low

njury, or other troumotic event, the

IMPORTANT: If Hem 21 is marked

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ľ	FOR - STATE REGISTRAR			DEPART		ICATE OF I	MENTAL HY®	NENE REG. NO).	0		Grap.
	DECEASED NAME	FIRST	-	MIDDLE	· ·	AST		20. DATE OF DEATH	MONTH	DAY YE	AR	2b HOUR
1	YPE OR PRINT} Rebec	cca	7	ann	BUI	RGH		April		6 8	4	12:30PM
3. 3	SEX	4.	RACE		5. DATE C			6. AGE IN YEARS LAST BIRT		MONTHS E	YEAR	IF UNDER 24 HRS
1	Female		White	2	лал.		YEAR	87	YRS	MONTHS	A42	HOURS MIN.
7a.	BIRTHPLACE (STATE OF	FOREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8.		97	9. BALTIMORE CITY O		OFDEAT	Н	
L	COUNTRY)		II S		WIDOWE	D NEVER	MARKIED -	Baltimore	City	7		MD.
10.	Maryland CITY OF TOWN OF DEA	. NAME OF	HOSPITAL, NURSIN	ADDRESS)			120. USUAL OCCUPATION		FEI INDUS	TRY	F BUSINESS OR	
	Baltimore SUAL RESIDENCE (IF NURS		HER INSTITUTION		ADMISSION)	_		Retired		1710	000	200745
13		136 COUNTY		13c. CITY OR TOW		13d. INSIDE C		13e STREET ADDRESS		2/22	4	
1/4	Md. FATHER'S NAME	XXXXXX	WXXXX	Baltim	ore	YES THER	NO S MAIDEN NAM	6801 Bank	St.	to the first	_	
	John	MIC	DOLE	Quinn			Rose	WIDDLE			LAST	tunk
160	(YES NO OR UNKNOWN)	IN U.S. ARME		21 2-09-7		Elizo		Jackson 6		ank S	to	21224
-	18 CAUSE OF DEAT	H (Enter only	one couse ne									MATE INTERVAL DISET AND DEATH
2	gove rise to immodule couse (o), stating underlying couse	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								/EN IN PAI	RT 1rc	1
CEDTIEICATION	19a DATE OF OPERA	TION	19b COND	ITION FOR WHICH	ION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 200. IF YES, WERE FINDING: IN CERTIFYING CAUSES OF YES 7			OF DEATH?
		CAUSE OF DEATH		DE INJURY .M. MONTH D.	AY YEAR	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18					FT 2}	NO []
AMEDICAL	AT WORK AT WO	RED	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION STREET		CITY OR TO	VN	COUNT	ſΨ	STATE
	22a I certify that (I)	this hospital	Dattended th	he deceased from	March	22,	19 84	, 10	,	1984		that (I (we) ast
	spw the decease	ed alive on E	oril 6	ofte death	84	nd that in (my)	(our) opinion o	deoth occurred an the do	te and hou	r ond fron	n the c	causes stated
	The signature	saw the deceased alive on April 6. Abave, (I)(we) (did)(did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									ATE	6/84
	226 PHYSICIAN'S NO	AME (TYPE ORP	RINT)			22e ADDRES	SS CHU	JRCH HOSPITA	L			1
	WALKER A.	IMPAC	GLIATE	LLI		100 N	. BROAD	WAY BALTIMO	RE, N	MD 2	123	31
23	BURIAL, CREMATION,	REMOVAL	23b DATE	23¢. I	VAME OF C	EMETERY OR	CREMATORY	23d. LOCATION		COUNTY		STATE
	(SPECIFY) Buric	al	4-9-	84	Oak L	aun Cen	retery	Eastwood	1. Bas	Lto.	0	M.
24	FUNERAL DIRECTOR						250. DAI	FREC'D. BY REGISTRAR	256 EGIST	TRABS STO	LAIN	URE

harles S. Zeiler & Son Inc. 6224 Eastern Ave.

DHMH - 16 50M 4/82 (VRA 15, 4)

retained by the hospital or

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. death o ATTENDING PHYSICIAN: retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1,	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0			
	CEASED NAME FIRST CORPRINT) WOODTO		son B	urke	AST	20. DATE OF DEATH April		1984	2h HOL	JR M
3 SE	x Male	White		S DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER	MIN.
	IRTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	75 CITIZEN OF W U.S.A	HAT COUNTRY	MARRIE WIDOWI	D NEVER MARRIED D	Baltimore City O	_	Y OF DEATH		MD
10 CI	Baltimore		ospital, nursi facility, givestree Weldon		e North	(TYPE OF WORK FOR MOST O		IFE) 126. KIND		ESS OR
13e S	AL RESIDENCE (IF NURSING HE STATE 136)		NE RESIDENCE BEFORE 30 CITY OR TOV Baltimo	WN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 1438 Weldo	n Pla	ace Nor	th (2	2121
14. FA	ATHER'S NAME Frank	MIDDLE BU	irke last		15. MOTHER'S MAIDEN NA.	WE	₽	Vilson "	\ST	
	WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF YE NO	S. ARMED FORCES? S. GIVE WAR OR DATES)	66 SOCIAL SECTION 218-01-		Mr. Earl Bui	ADDRE rke-1438 Wel		Pl Nort	h (21	.211
THON		DUE TO, OR		DEATH BUT	NOT RELATED TO THE TERM			VEN IN PART 1	200	
CERTIFICATION	19a DATE OF OPERATION			TOPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	FYING CAUSE		TH?
MEDICAL CE	21e ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA. 21d. INJURY OCCURRED WHILE NOTIFY AT WORK	OF DEATH HOUR A.M. MINER) P.M. 21e PLACE OF	. MONTH D	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUI		PART I OR PART 2)	s	TATE
	22a.l certify that (l) (this sow the deceased ali above (liywe) (did) at 22b. SIGNATURE	hospital attended the lid not liew the body of			22R ADDRESS	MEDICAL STAI	FF IAN [tha (1) (e couses st E SIGNED	oted
23a E	BURIAL, CREMATION, REMO SPECIFY) Burial	OVAL 236. DATE 4/16/8		_	EMETERY OR CREMATORY aven Cem.	Sleve D	v.	2 Marylan	d sr	ATE

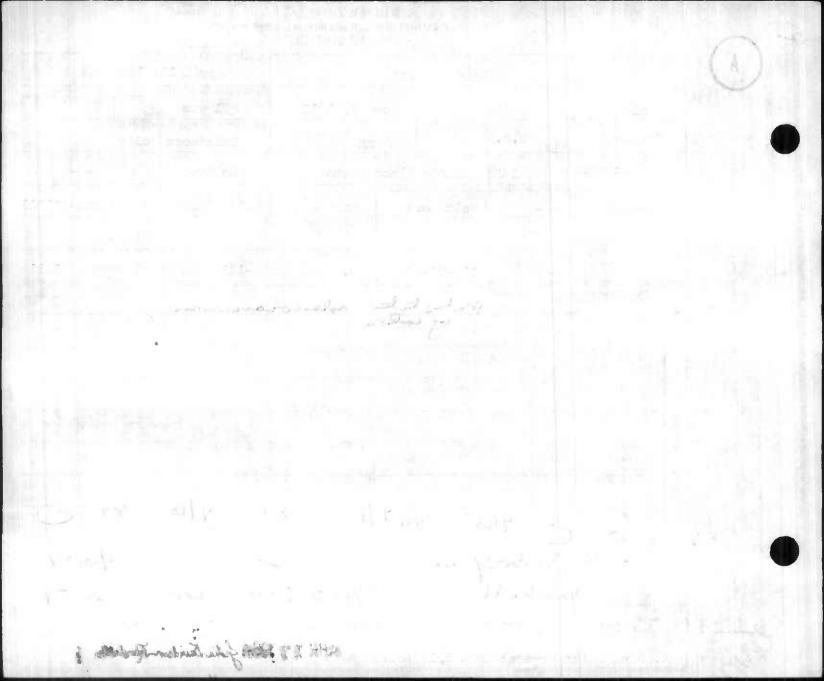
DHMH-16 25M (VRA 15, 4) 1/79

BP.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, The

FOR

A. Alan Seitz Funeral Home 3818 Roland Ave: 25. DATE AGO BY AGISTRAP (35. REGISTRAP'S SIGNATURE



urs ofter death director.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTII	ICATE OF DEATH	REG, NO.		
	CEASED NAME FIRST E	VA MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
17	Ja Ruxko	1 GROSAVI	В	URKOM	4	1484	1110 M
3. SE		4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
/	Female	Caneasu	an ani	DAY GEAT	86		HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	100
	MARY LAND	USA	WIDOWE	DXX DIVORCED	Baldo Ci		MD.
	BOH, MOR		IOSPITAL	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	INDUSTRY AT	HOME
3a. :	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN ARY LAND		OR TOWN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO 2500 W.BELVE		
14. F.	ATHER'S NAME FIRST PHILIP	GLAZER	LAST	15. MOTHER'S MAIDEN NAME FIRST ROZA	MIDDLE	ETSKI LAST	
	WAS DECEASED EVER IN U.S. AR		TAL SECURITY NO.	17 INFORMANT MR	S. DORISADBERLIN	ER	
(YES, NO ORUNKNOWN) (IF YES, GIV	E WAR OR DATES) 219-	-28-6958A			21208	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly ane cause per line for (c D BY: E CAUSE (a)	nd oves	piraton ar	vest	APPROXIM. BETWEEN ON	ATE INTERVAL NSET AND DEATH
13	3310	DUE TO, OR AS A CO	ONSEQUENCE OF	remuca			
111	Canditians, if any, which gave rise to immediate	(b)		3077-00-0			
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CO			(
	anderlying coose last.	((c)	Muldye	organ	tar lune		
NO	PART 2 OTHER SIGNIFICANT		Obstv		MINAL DISEASE OR CONDITION C	IVEN IN PART Tra	
CERTIFICATION	190 DATE OF OPERATION 3/27/84	196. CONDITION FO	N QULLET		IN CER	YES, WERE FINDING TIFYING CAUSES O YES	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART ?)	
CAL	(IF EITHER NOTIFY MEDICALEXAMINER	P.M.	19				
MEDICAL	WHILE NOT WHILE	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	country	STATE
	AT WORK AT WORK		1	412	4 1114	64	
	220. I certify that (1) this haspi saw the declared glive on abave, (1) we) (did) (did no	4/14	19 0 / 01	nd that in (my) (our) opinion	deoth occurred on the date and h		nat (I) (we) last auses stated
	226 SIGNATURE	Lulies		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	4/14/84	IGNED
	220. PHYSICIAN'S NAME (TYPE O		W)	22e ADDRESS	OSP BALTO., M	ſD	
	BURIAL, CREMATION, REMOVAL	APR.16,198	4 OHEL YA	EMETERY OF CREMATORY AKOV-BETH ISRA	AEL BALTIMORE	E COUNTY MAI	RYLAND
24 F	UNERAL DIRECTOR SOL I	EVINSON & B	ROS., INC.	25a DA1	E REC'D. BY REGISTRAR 256 REG	STRAR'S SIGNATU	RE - NO
	6010 REISTERSTO	MINI DD DAT	ro un	11015	WHX 1 89 1984	o hander-	Martinan

DHMH - 16 50M 4/83 (VRA 15, 4)

6010 REISTERSTOWN RD. BALTO, MD.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c shauld be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMBORTANT: If them 21 is marked or usem 18 shows any injury, ar other traumatic event, the

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requires that the death certificate be executed within 24 hours after

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

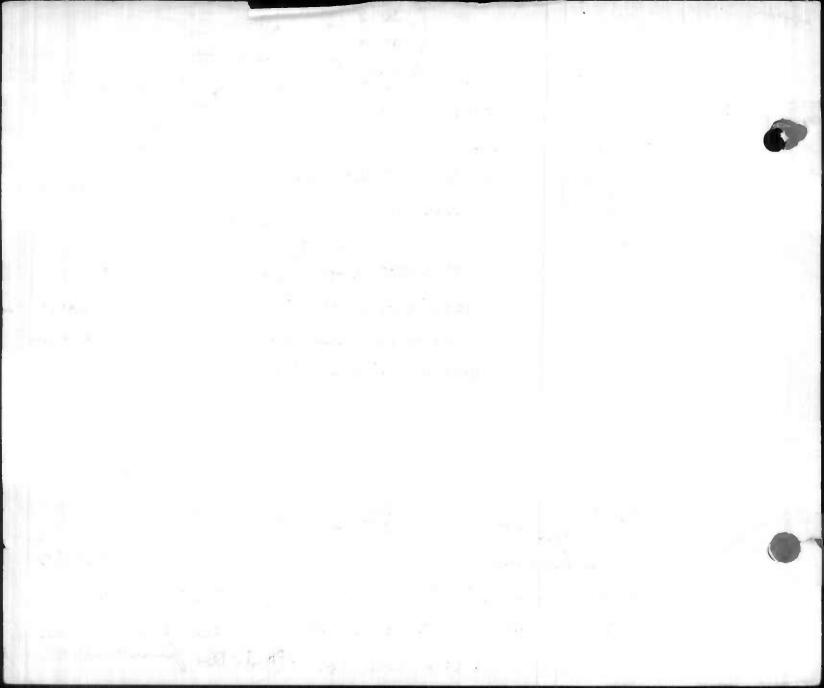
									REG. NO.			
	CEASED NAME	FIRST	,	AIDDLE	LAS	ST		20 DATE OF D		ONTH	DAY YEAR	26 HOUR
(TYPE	OR PRINT)	ERSCHEL	4	М.	BURI	LEY	Sr.		4	26	84	4:00
3. SEX	Κ	4.	RACE		5. DATE OF			6 AGE (INYEA	RS LAST BIRTHE		IF UNDER TYEAR	IF UNDER 24 HR
	Male		E	Black	12	19	26	5	7	YRS	MONTHS DAYS	HOURS
BI	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY	? 8	X NEVER	MARRIED -	9 BALTIMORI	CITY OR	COUNTY	OF DEATH	
	aryland		U.S	.A.	WIDOWED		ONORCED	BAL7	IMORE	CIT	У	
	TY OR TOWN OF DE Baltimor			HOSPITAL, NURSI ALTIMORE				120 USUAL OF				OF BUSINESS
13a. S	AL RESIDENCE (IF NUR STATE Maryland	INCOUNT	INSTITUTION.	GIVE RESIDENCE BEFO 13c. CITY OR TOV Baltin	WN 1	136 INSIDE YES [X	CITY LIMITS?	13e STREET AL	DDRESS / Z	ZIP CODE	21 1/ ₂ Sti	218 ceet
	THER'S NAME						R'S MAIDEN NA	WE				
	James	AAI	DDIE	Potts		Su	sie		MIDDLE	W:	illiar	101
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SEC		17 INFORM	ANT		ADDRES:	S		
(1	YES	(IF TES, GIVE	WAR OR DATEST	218 18	0275	Mart	ha Bur	ley 18	15 C	hilt		
	18 CAUSE OF DEA	TH (Enter only	one couse per	line for (a), (b), a	nd (c'g)		- 4-				BETWEEN	ONSET AND DEA
	PART I. DE ATH V	IMMEDIATE		respir	ratori	1 0	rest					hour
	Conditions, if ongove rise to incouse tol, stotiunderlying cous	imediate ing the e last.	(b) DUE TO, O	ras a consequ diabete	sholic s, di	ssem	balance inated				un	know
ICATION	gove rise to in couse (a), state	mediate ing the e last.	DUE TO, O	meta RAS A CONSEQU diabete	JENCE OF S O DEATH BUT N	US em	inated TO THE TERM		OR CONDI	TION GIV	EN IN PART 1	INGS USED S OF DEATH?
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CAL CERTIFICATION	gove rise to im couse (a), stati underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTHY MEE	IMEGIOTE INTERCANT CO ATION ATION ATION CAUSE OF DEATH DICKALEXAMINER)	DUE TO, O (c) DODITIONS CO 196. COND 216. TIME C HOUR A.	meta RAS A CONSEQUE DISTRIBUTING TO	Abolic JENCE OF S A di DEATH BUT N	NOT RELATE WAS PERF	INJURY OCCUR	200 AUTOP	SY?	TION GIV 20b. IF YES IN CERTIF YE	S, WERE FIND YING CAUSE S	INGS USED S OF DEATH?
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	GOVE rise to im couse (a), stati underlying couse (b), stati underlying couse (b). PART 2 OTHER SIGNATURE (B) COUNTY (C)	IMEDIATE CONTROL OF THE PROPERTY IN CAUSE OF DEATH DICAL EXAMINER) THE CONTROL OF THE CONTROL O	DUE TO, O (c) DNDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	R AS A CONSEQUENCE FOR WHICE	JENCE OF S. A. DEATH BUT N DAY YEAR 19 FARM, ETC.) APRI 84 one	NOT RELATE WAS PERF 21c HOW I 21l LOCAT STRE	ORMED INJURY OCCURI	200 AUTOP YES RED (ENTERNATION 100 AUTOP)	SY? NO RE OF INJURY CITY OR TOWN On the date	206. IF YES	COUNTY	NGS USED S OF DEATH? NO
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WEDICAL 23a. 8	GOVE rise to im couse (a), stati underlying couse (b), stati underlying couse (b). PART 2 OTHER SIGNATURE (B) COUNTY (C)	IMEDIATE CONTROL OF THE PROPERTY IN CONTROL OF THE	DUE TO, O (c) DONDITIONS CO 19b. COND 19b. COND 21b. TIME C HOUR A. HOUR	R AS A CONSEQUENCE OF INJURY M. MONTH (CONTRIBUTING TO THE INJURY REEL, FACTORY, OFFICE of decored from 26 office decored)	DENCE OF S. A. DEATH BUT N. DAY YEAR 19 FARM. ETC.) APRI 84 onc	21c HOW I 21l LOCAT STREE	ORMED INJURY OCCURI INJURY OCCURI ION ET ATTENDING PHYSICIAN ESS LOCH RO	200 AUTOP YES TERMINAL TO A death occurred MEDICAL DIRECTOR 236 LOCAT	SY? NO RE OF INJURY PRIL on the date STAFF PHYSICIA J. B. BO	TION GIVE TOO TOO TOO TOO TOO TOO TOO TOO TOO TO	COUNTY 19 84 120 DAT Md 212	STATI
WEDICAL MEDICAL	gove rise to in couse (a), stori underlying couse (b), stori underlying couse (b). PART 2 OTHER SIG (19a DATE OF OPER/ 19a DATE OF OPER/ 19a DATE OF OPER/ 19a DATE (19a DATE OF OPER/ 19a DATE	IMEDIATE CONTROL OF THE PROPERTY IN CONTROL OF THE	DUE TO, O (c) DODITIONS CO 19b. COND 21b. TIME C HOUR A. HOUR A. COND 21c. PLACE (AT HOME, STILL) ADDIT View the body	R AS A CONSEQUENCE OF INJURY M. MONTH (CONTRIBUTING TO THE INJURY REEL, FACTORY, OFFICE of decored from 26 office decored)	DENCE OF S. A. DEATH BUT N. DAY YEAR 19 FARM. ETC.) APRI 84 onc	21c HOW I 21l LOCAT STREE	ORMED INJURY OCCURI INJURY OCCURI	200 AUTOP YES TERMINAL TO A death occurred MEDICAL DIRECTOR 236 LOCAT	SY? NO RE OF INJURY CITY OR TOWN PRIL On the dote STAFF PHYSICIA J. B. B. ON R TOWN LOS M. DOS M.	TION GIVE TOO TOO TOO TOO TOO TOO TOO TOO TOO TO	COUNTY 19 84 120 DAT Md 212	STAIL

Wm C March F/H Inc. 1101 E North Ave

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshould be detached for use as the burial-transit permit. Then please remove carban papers. Pages, with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The law aspitol or ottending physician.



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5	1	FOR	DEPA	ARTMENT OF H	EALTH'AND MENTAL HYG	JENE 4,	1904	0
	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
		EASED NAME , FIRST	MIDDLE		AST		MONTH DAY YEAR	26 HOUR
* & £	(TYPE C	Christ	onher D	Bur	2 1		9 1384	2 tu
600	3. SEX	Chullet	4. RACE	5. DATE C	11-3	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER TYEAR	F UNDER 24 HRS
(-134)		M	W	момтн	21 67	16	MONTHS DAYS	HOURS MIN.
1 1 2	7a BIR	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.		9 BALTIMORE CITY O	YRS. R COUNTY OF DEATH	
Soft State of the	4.90	any land	USA	MARRIEI	D NEVER MARRIED DIVORCED	1 1) 11	none City	MD.
18	TO CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE! INDUSTRY	OF BUSINESS OR
24 Mars 25	USUA IAO. ST	ATE, MECOU	OTHER INSTITUTION GIVE RESIDENCE B	TOWN ESSE	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	B SISSI
16 104	14. FA	HERS NAME	MADIE R LAST		15. MOTHER'S MAIDEN NA	WE	Bende	
1 000	14 = 144	AS DECEASED EVER IN U.S. AR	M Day	SECURITY NO.	17 INFORMANT	ADDRE		
Popes			E WAR OR DATES) 216-81		-	uns, 401 D	orsey. Ave, Apt	B, Balt, M
rhikkane I physion on papers event in		PART I. DEATH WAS CAUSE		, and it is	Forlier		APPRO BETWEEN	NONSET AND DEATH
		2080 IMMEDIAT	-	J				11
e deoth ce nove corb notion, or r		Conditions, if ony, which	DUE TO, OR AS A FONSI	EUMON EUMON	ia Forcal		2	. Mondus
e offinov		gove rise to immediate	(b)		200			24
thot the design of the design		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSE	ONENCE OF	enterna,	Har yuntogy	tro 9	- months
luires signed nen pli b buri	-	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1	10
en si	<u>é</u>	JIE TUR						
ow ow	CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	106 IF YES, WERE FINDE IN CERTIFYING CAUSE	
The house		Vore				YES NOW	YES 🗌	NO X
hysicin hysicin Hygicin Hygicin Hygicin Hygicin Hygin	•	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)	
HYSICIA nding pl is certifi buriol-t I Mentol	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	181	19			to the second	
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM FIC I	21f LOCATION STREET	CITY OR TO	wn COUNTY	STATE
or offer the se os the olth ond morked	2	WHILE NOT WHILE AT WORK	, , , , , , , , , , , , , , , , , , , ,	Λ		1 .		
FENDIN tol or OR: Af		22e. I certify that (1) (this hospi	A001 13	Cer	d that in (my) (our) opinion	deoth occurred on the do		, that (we) lost
AT AT Sosping Sosping Sosping Son 2		obove (1) (we) (did) (did no 22b. SIGNATURE	y view the body ofter deoty.		DEGREE		22s. DATI	E SIGNED
AL OR A the hor AL DIREC detoched or Dept. T. If herr		Davins!	Donguel	o mo	ATTENDING	MEDICAL STAR		
HOSPITAL HOSPITAL FUNERAL sold be det h the Stote NORTANT:	1	PHYSICIAN'S NAME (IV	PRINT)		22e ADDRESS		1	0 11
TO HOSPITAL (retoined by the TO FUNERAL (should be detoined to with the Store (IMPORTANT).		Demnis J.	Granguello		Unis of AD (AVING HD A	osp, Balt
F 5 F 8 > 2	23a. BI	JRIAL, CREMATION, REMOVAL	The state of the s		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP		BURIAL	1/16/84	BARDE		4 BALT		>
DHMH - 16 50M 4/83		NERAL DIRECTOR	ADDR	ESS			256 REGISTRAR'S SIGNA	- Randall
(VRA 15, 4)	1	F. FORIACE.	v 200	1-111	1	DD 1 Q 100%	7,11,7,7,57	-National

Christianis D Burns 13 84 13 84 12 6 Literal USA Paraller Hospe Statement Coty hany pund B. Home C. 15515 Block, who want let another mutter of manther busy man Down H Burns Sugar F Benden 214-81-8135 Swan F. Burns, for marghe, by 8, But ph Pagamona , Frigul, Emille Lutterin for dute lectionics the gelogies whole I my oil an allegnoic from D Denoit J. Gungullo Unit of A) Const (orthe) Land Ma house

completely filled in by the furnition of and 2 should be filed within 72 fi

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
APR 1 3 1084 Julia Davidson-handsee

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26. HOUR
EUGOT	VE	BURNS	APRIL 12,1984	4:43A M
3 SEX	4 RACE	5. DATE OF BIRTH	4. A.O.	UNDER I YEAR IF UNDER 24 HRS
Male	Black	7 15 31	52 yrs.	
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	7 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	DEATH
Virginia	U.S.A.	WIDOWED DIVORCED		MD.
TO CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREE CHURCH HOME		(TYPE OF WORK FOR MOST OF WORKING CIPE)	INDUSTRI
USUAL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)		
Maryland Nab COL	JNTY 13c. CITY OR TO		130 Aisquith S	troot 21202
INGLY LATIU	Daiti	115 MOTHER'S MAIDEN		SCIEECZ1202
FIRST	MIDDLE	FIRST	MIDDLE	LAST
Eugene	Burns ARMED FORCES? 166 SOCIAL SEC		ADDRESS	
	SIVE WAR OR DATES!	The second secon		
NO	212-26	-251/ Annie Cov	el 938 Whitelock	
18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ATÉ CAUSE (a) ACUTE	RESPIRATORY DIS	TRESS SYNDROME	
48100	DUE TO, OR AS A CONSEO	LIENCE OF		
7 Conditions, if ony, which	DISSEMI		ULAR COAGULATION	
gave rise to immediate	(0)			
underlying cause lost.	DUE TO, OR AS A CONSEO	NIA WITH SREPSI	S	
DART 2 OTHER SIGNIFICANT			RMINAL DISEASE OR CONDITION GIVEN	IN PART 1/a
		OHOLIC LIVER DI		MELLITUS
ACUTE RENAL		CHOPERATION WAS PERFORMED		VERE FINDINGS USED
ACUTE RENAL 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	170 CONDITION TOR WITH	CH OFERATION WAS FERI ORMED	IN CERTIFYIN	NG CAUSES OF DEATH?
TA -		In House House	YES NA YES	
OR CONTRIBUTION CALISE OF D	LIGHT A MA MONITH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 RART	1 OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMIN		19		
THE EITHER, NOTIFY MEDICAL EXAMINATION (21d. INJURY OCCURRED	210. PLACE OF INJURY	F FARM FIC) STREET	CITY OR TOWN	COUNTY STATE
WHILE NOI WHILE			4 1.2	0.4
220.1 certify that (1) (this has	pital attended the deceased from	PKIL 9,	4 april 12	that (I) (we) ast
saw the deceased plive of	n APRIL 12/19.	84 and that in (my (our) opinion	on death accurred on the date and hour a	nd from the causes stated
12b. SIGNATURE	of Viewtine body offer depth.	DEGREE		220. DATE SIGNED
1 / / / /	VIXIA AA	ATTENDING	MEDICAL STAFF	4/12/84
226 PHYSICIAN'S NAME (TYPE	E OR RRINT)			ORPORATION
	BUSH, M.D.	100	OTTOTA TIONA TATA	
			OADWAW, BALTIMOR	RE, MD. 212
23a. BURIAL, CREMATION, REMOVA	AL 23b DATE 23c	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	. BM
BURIAL	4/18/84 B	saltimore cemete	ery Baltimore,	MG.

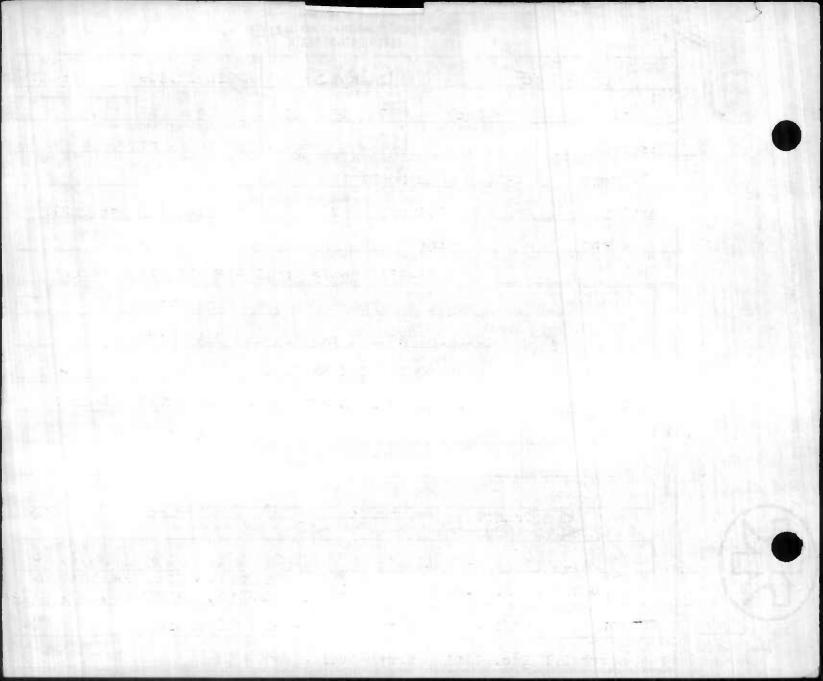
Wm C March F/H Inc. 1101 E North Avenue

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conshall be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal. MPORTANT: If them 21 is marked or them 18 shaws any injury, ar other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician



1	1tem #5 Fil: FOR 5/3/84	DEDART		EALTH AND MENTAL HYG	UENE 44	9 3 0	8
1. DE	REGISTRAR CEASED NAME FIRST	LOSSIE MIDDLE P.	7	BURROWS		MONTH DAY YEAR	26 HOUR
3. SE	LOSS, X FEMALC	4 RACE NEGRO		1886	APRIL; 1 6. AGE (IN YEARS LAST BIRT		
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH	
	BALTIMORE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE EDGEWOOD NU	T ADDRESS)		120. USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE OF THE OCCUPATION	WORKING LIFE) 126. KIND WORKING LIFE) INDUSTR	OF BUSINESS C
130. S	ARYLAND 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV BALTT	MORE	134 INSIDE CITY LIMITS?		ROAD 21	212
	JOHN	MIDDLE HOWAR		15. MOTHER'S MAIDEN NAM	MIDDLE	JONES	AST
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 219-30-		17 INFORMANT MARJ 521 RADNOR		BALTO., Mo	A. 212]
CERTIFICATION	PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO			INAL DISEASE OR CONE	ITION GIVEN IN PART 20b. IF YES, WERE FIND IN CERTIFYING CAUSE	OINGS USED
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	YES NO RED (ENTER NATURE OF INJUR	YES TO YES TO PART 2)	но 🗆
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211. LOCATION STREET	CITY OR TO	VN COUNTY	STATE
	220-1 certify that (1) (this hosp sow the deceosed alive or obove, (1) (we) (did not 22b. SIGNATURE	on on other dead the deceased from no other deceased fr	84,00	220 ADDRESS	MEDICAL STAF	te and hour and from the	., that (1) (we) 1 he causes stated TE SIGNED - 7-844 MD 2.12
	BURIAL, CREMATION, REMOVAL	D4/12/84 AR		EMETERY OR CREMATORY MEM. PARK	23d. LOCATION	RE BALTO.	, M d.
24 F	UNERAL DIRECTORMARSH	ALL W. JONES,	JR.	27 220 BAPE	REC. D. BY BE BENDAR	SWREGISTRAPIS SIGN	SHERRES.

JR. Md.

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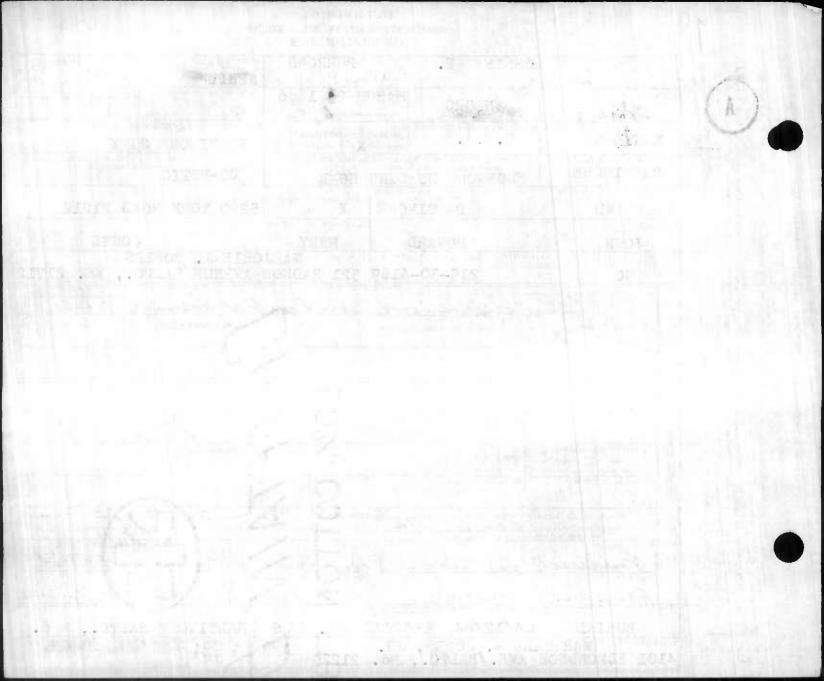
DHMH - 16 50M 4/B2 (VRA 15, 4)

4101 EDMONDSON AVE. BALTO.,

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSKIAN: The low requires that the death certificate be retained by the hospital or ottending physician.



ely filled in by the funeral director, page 3 2 should be filed within 72 hours after death

n signed by the ottending physicion and Then please remove carban papers. Pages r to burial, cremation, ar removal.

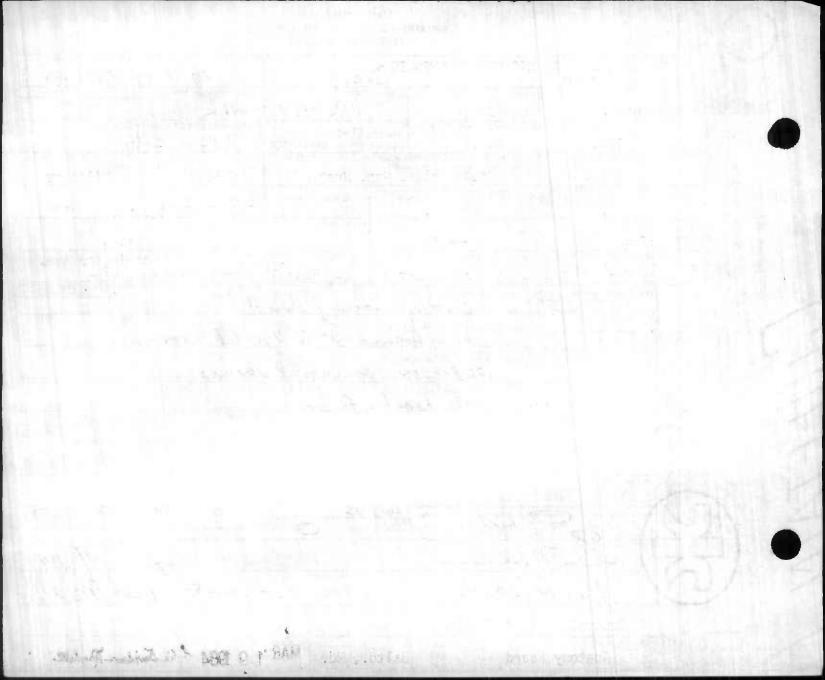
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	RE	G. NO.	750			
		CEASED NAME FIRSTEN	NIS MON	ROE BURSL	LE D	AST OC)	20 DATE OF DEA	pril 1	H 1984	26 HOUR 2:00	A	
	3. SE>		4. RACE		5. DATE O		6. AGE (IN YEARS	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 2	4 HRS	
		male	Cauc.		MONTH	4WK 3/12/29		55 _{YRS.}				
7		RTHPLACE (STATE OR FOREIGN OUNTRY) Minn.	16 CITIZEN OF	WHAT COUNTRY?	DUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED XX							
1	3	Balto.	(IF NOT IN SUC	uth Balto	Ger	n. Hosp.	120. USUAL OCCI (TYPE OF WORK FOR A Office	MOST OF WORKING L	LIFE) INDUSTRY	itary	SOR	
5	130. S	AL RESIDENCE (IF NURSING HOME ON TATE 136. COUP	OTHER INSTITUTION. NTY	Balto.	ADMISSION)	136. INSIDE CITY LIMITS?	130. STREET ADDR	Balto.	St.	2120	2	
2	A	Ifred	WIDDLE	Burslie		15. MOTHER'S MAIDEN NA	MID	DDLE	Kilty			
		VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GIV Yes 1948	E WAR OR DATES)	166. SOCIAL SECU		Mr Russel	/ 3.	Crookso	shingto n. Minn		•	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE			fice.)	nemary arre	et.			IMATE INTERV ONSET AND D	ж ХЕАТН	
		4560		R AS A CONSEQUE		· 20 fo 1/4	well T	bleeding				
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	RASA CONSEQUE	NCE OF	sophageal	vorices	·				
	NON	PART 2 OTHER SIGNIFICANT	le che	ontributing to a	patre	NOTRELATED TO THE TERM	AINAL DISEASE OR	CONDITION GI	VEN IN PART 1	a		
1	CERTIFICATION	190 DATE OF OPERATION	ITION FOR WHICH	ION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, IN CERTIFY! YES NO YES					
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1111	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE C	OF INJURY IN ITEM 18	PART 1 OR PART 2)			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			211 LOCATION STREET	Cift	YORTOWN	COUNTY	ST	ATE	
		22a.1 certify that (I) (this hospi	Horil	14 10	Arril or	nd that in (my) aur opinian	todeath accurred an	the date and ho	, 19 89 ,	that (1) &	eDost ted	
		SIGNATURE CON I (did no	1 Des	after degin.		DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR P	STAFF	221 DATE	SIGNED 14/8	4	
		22d PHYSICIAN'S NAME (TYPE O	Den.	n(1)		3001 5.6	tonove.	st B	alt. B	1021	1230	
100		BURIAL, CREMATION, REMOVAL SPECIFY) Remova 1		6/84 23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TO	OWN	COUNTY	1	ATE	
	24. FL	UNERAL DIRECTOR NAME Anatomy E	Board	ADDRESS	Balto	o., Md. MAR	1 9 1984	TRAR 25b. REGIS	Mason Ad	TURE		

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR



	1-	FOR STATE REGISTRAR CAROLYN	D. Bush DEPAR	TMENT OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE REG. N	0 9 8	}	Û
		CEASED NAME FIRST OR PRINT) CAROLYN	MIDDLE	BU	ISH	20. DATE OF DEATH	MONTH DAY 34 13	84 2	7:53A
	1.5EX	FEMALE C	AUCASIAN	5. DATE O	OS OS	6 AGE (IN YEARS LAST BE	YRS.	S. DAYS	F UNDER 24 HRS HOURS MIN.
2		MD	CITIZEN OF WHAT COUNTR	WIDOWE		PALTIMORE CITY PALTING	TIMORE	= CI-	MD. BUSINESS OR
2	B	ALTIMORE LA RESIDENCE (IF NURSING HOME OR OTHE	(IF NOT IN SUCH FACILITY, GIVE STRI SBGH ER INSTITUTION GIVE RESIDENCE BEF	ET ADDRESS)	NOTIFIC RESTRICTION	HOUSE W		DUSTRY	MAKER
2	IJo. S		A. SEVEY	ZN	134 INSIDE CITY LIMITS? YES ON M	13e.STREET ADDRESS	CEDAR	DH	2/144
0	1	PUDOLPH O	QUAND		CLARA	A	8	INGL	LE
2		(IF YES, GIVE WA	RORDATES)	CURITY NO.	JOAN E. C	CHRISTOPH		ME ,	45 13e
		PART I. DE ATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	PANALA	DUENCE OF	cardial-	rrest Infarct	íon	BETWEEN ON	SET AND DEATH
_	TION	PART 2 OTHER SIGNIFICANT CON							
1	CERTIFICATION	IN. DATE OF OPERATION	196 CONDITION FOR WHI	TH OPERATION		YES NOT	206. IF YES, WEI IN CERTIFYING YES	CAUSES O	
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	19	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJ		OUNTY	STATE
	W	WHILE AT WORK NOT WHILE AT WORK 220. I certify that Up (this haspital) sow the deceased alive an	attended the deceased from	4/4	that in (pg) (aur) apinian	to 4	13 195 date and hour and		at M (we) last
		obove, M (we) (did) (did not) via 77b. SIGNATURE 27d. PHYSICIAN'S NAME (type OR PRIII	MP,	С	ATTENDING PHYSICIAN [MEDICAL STA	(FF	TAL DATE S	13/84
		WIH. BAK	ER M.	D.	3001	S. HA	NOVE	R	57

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. , should be detached for the with the State Dept. of Hea MPDRTANT, II III

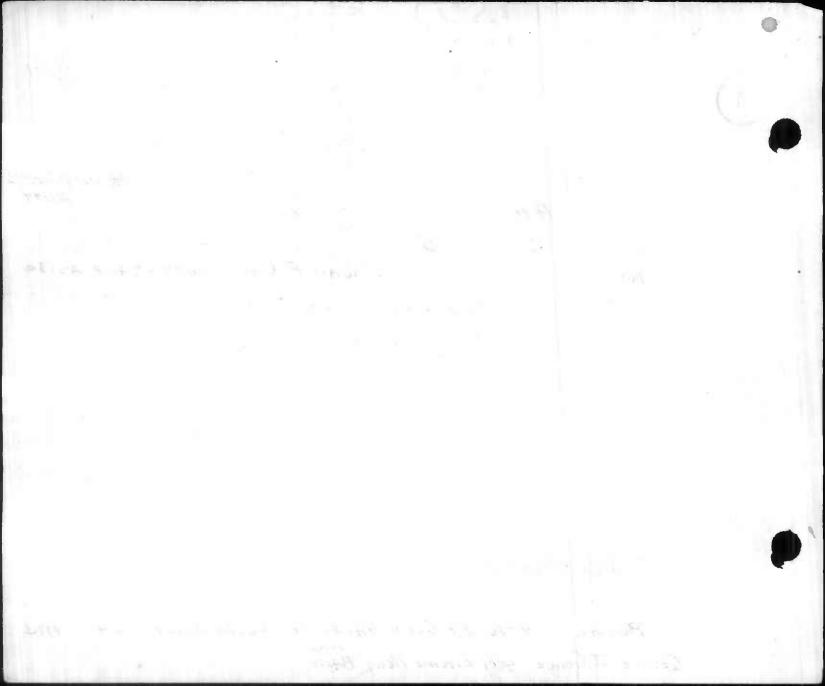
23d LOCATION
CITY OF TOWN

CLEN BURNIE AA.

REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

230 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LEN HAVEN MEM ACCEPT FUNERAL DIRECTOR MA. 250 DATE REC'D.

CEORGE J. Gonce 4001 RITCHIE HGWY BALTO APRIL J. Gonce



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the should be detached for use as the burial-transit permit. They please remove carbonappers. Pages 1 and 2 should be they with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the medica

MPORTANT: If Hem 21 is marked or Item 18 shows any

eath. Page 4 may be

STATE OF MARTLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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***			1.7	

1.7	REGISTRAR				CERTIF	FICATE OF DEATH	U	REG. N	0		3
	EASED NAME	FIRST		MIDDLE	1	LAST	2a. DATE		MONTH	OAY YEAR	2b HOUR
(TYPE	ORPRINT)	argare	t	P.	B	utler			4/	04/1984	,
3. SEX			RACE		5. DATE O		6. AGE (II	N YEARS LAST BIR	THOAY)	IF UNDER TYEAR	IF UNDER 24 HRS
	Female		1	Black	9	14, 1905	78		YRS		HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIM	ORE CITY O	R COUN	TY OF DEATH	
	Y. New Yo	rk	U. S.	. A.	WIDOWI		Bal	timore	Cit	y	M
10 CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USU A	OCCUPATION FOR MOST C	ION	126. KIND C	OF BUSINESS OR
Ba	altimore			t. Royal		ie		e Make			Home
13a S	AL RESIDENCE (IF NURS STATE aryland	136 COUNT		I3c. CITY OR TOW Baltimor	N	13d. INSIDE CITY LIMITS? YES NO	13e STREE	Apt.	ZIP CO 1510	Balto.	Royal Md. 212
14 FA	THER'S NAME		DDLE	LAST		15. MOTHER'S MAIDEN NA	AME	MIDDLE		LA:	ST
	Robert	H		Perry		Rowena		B.		Jac	cobs
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	ESS 100	22 Hillo	green Ci
	No.	(# 125, 0112	TAK OK DATES)	212-46-7	012	Wayland E. J	Jones	Apt.	J. B	alto. Mo	1. 21030
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA	nediate g the last.	DUE TO, O		NCE OF	NOT RELATED TO THE TERM ON WAS PERFORMED	^	TOPSY?	20b. IF Y	GIVEN IN PART 10 YES, WERE FINDI TIFYING CAUSES YES	INGS USED
CAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER	NATURE OF INJU	IRY IN ITEM T	8 PART I OR PART 2)	
MED	WHILE NOT WE AT WORK	ILE 🗆	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	211. LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
	226. SIGNATURE 226. PHYSICIAN'S NA	(this hospitored of olive on _did) (did not)	LAND	after death.	M. D	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN I	MEDICA	AL STA	FF	nour and from the	that (I) (we) los e couses stated (SIGNED
	BURIAL, CREMATION,	REMOVAL	23b. DATE:	RE, MU. ZIA	AME OF C	CEMETERY OR CREMATORY		CATION		COUNTY	CTAV
	emation -B	urial	4/10/	1984 Ar	butus	Memorial Par		III OK TOWN	Bal	timore,	Marylan
24 FL	INERAL DIRECTOR NAME 501 Gwynns	Nutter		s Funeral ADDRESS Baltimor		A 660.5	R 9	registrar		Bayason-	TURE

DHMH - 16 50M 4/83

(VRA 15, 4)

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		nerth area		a w	feyon .dH		
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become	T Egyptography	•	-7D		A330	·H	diselon
dedis . by			and E. Jer	Olf baye	firm and and		• 013

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STATE OF MARYLAND

C March F/H Inc, 1101 E North Avenue

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	- STATE REGISTRAR				CERTIF	ICATE OF DEA	ATH	REC	s. NO.			
	CETTOLD 1 -1 WITH	RST	٨	AIDDLE	1	AST		20. DATE OF DEAT		DAY YEAR	2b. HOU	JR
[TYP]	A nn	iE	В		BY	RD			04	14 84	7.5	5A M
3. SE	Х	4.1	RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAS	T BIRTHDAY}	MONTHS DATS	IF UNDER	24 HRS
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	IRTHPLACE (STATE OR FOREK	GN 76	CITIZEN OF	WHAT COUN	ITRY? 8.	D NEVER MA	RRIED [9 BALTIMORE CIT	Y OR COUN	ITY OF DEATH	,	
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	City		BON	SECOL	JRS HOS	PITAL	NOITL	120 USUAL OCCUP (TYPE OF WORK FOR MO		G LIFE) 126 KIND (OF BUSINE	SS OR
U5U 13a.	AL RESIDENCE (IF NURSING F	COUNTY		GIVE RESIDENCE		113d INSIDE CITY	LIMITS?	13e.STREET ADDRE	SS / ZIP CC	DDE		
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14. F.	ATHER'S NAME FIRST	MIDI	DIE	tas	T,	15 MOTHER'S M	ST .	AE MIDDI	E	Cart	er	
	WAS DECEASED EVER IN L		D FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT		AD	DRESS		1	
	NO	163. GIVE W	AR OR DATES)			Viviar	Pet	ers 105	N. M	ount St	ree	t
	18. CAUSE OF DEATH (E	nter anly o	ne couse per	line for (o), (bi, and ici.i					APPRO) BETWEEN	CIMATE INTEL	RVAL
	PART I. DEATH WAS	CAUSED B	Υ:	Co	RDian	ARR	ESA					
NO	Conditions, if any, wh gove rise to immedi cause (o), storing underlying couse li	ote the ost.	(c)	SRM	SEQUENCE OF	DEME	N Tic		ONDITION	GIVEN IN PART I	0	
CERTIFICATION	190 DATE OF OPERATION	4	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORM	NED	200 AUTOPSY?	IN CER	YES, WERE FINDERTIFYING CAUSES		TH?
	210, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	21b. TIME O HOUR A.	M. MONTH	H DAY YEAR	21c. HOW INJU	RY OCCURR	ED (ENTER NATURE OF				
MEDICAL	214. INJURY OCCURRED		21e. PLACE		OFFICE, FARM, ETC.)	211 LOCATION		CITY	OR TOWN	COUNTY	1	STATE
Σ	WHILE NOT WHILE		(A) HOME, 314	EET, FACTORY, C	FFICE, FARM, ETC.)	3%.	01	04		1		
	220.1 certify that (I) (this saw the deceased a above, (I) (we) (did)	live an	04	14	ram		19 8 4	eath occurred on the	e dote and i			
	22h SIGNATURE	up-	yen	Huo	my	M D PH	ENDING YSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [22c. DAII	SIGNED	争矣
	22d. PHYSICIAN'S NAME	67-	YEN	HUM	ANG	22e ADDRESS	301	Seron	ors)-tos	bil	al
	BURIAL, CREMATION, REM	NOVAL	4/20/	84		EMETERY OR CRE Memoria	1 Pk	, Randa	lsto	wn,		Md.
24 F	UNERAL DIRECTOR						25a. DATE	REC'D. BY REGIST	RAR 25E REG	ISTRAPSISIONA	TORE del	00
Wm	C March F	/H I	nc. 1		E North	Avenue	APR	1 8 1984	Juna		1-10-0	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The low

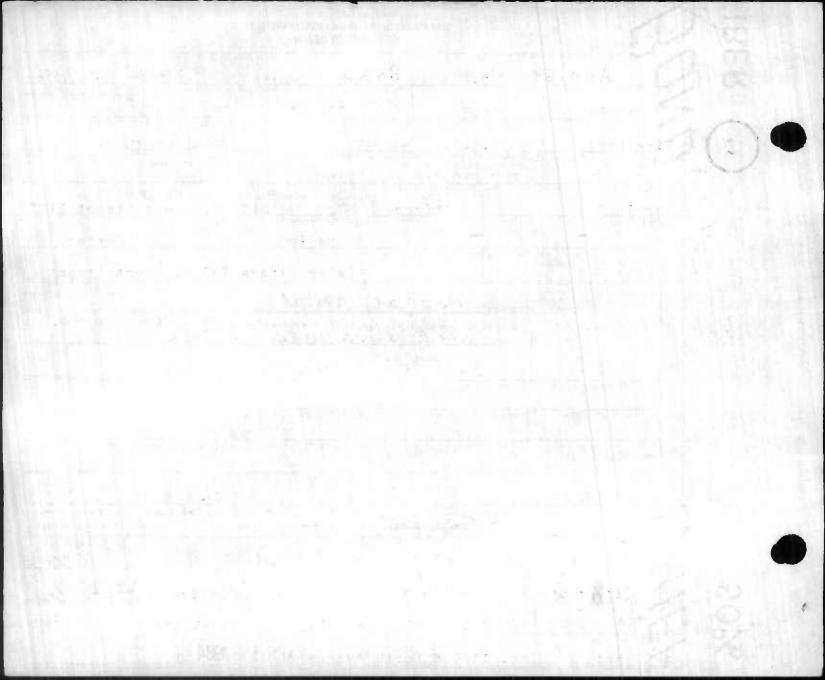
TO HOSPITAL

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etoined by the hospital or attending physician

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic event, the

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TO HOSPITAL

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TO FUNERAL DIRECTOR, After the certifications have been signed by the ottending physician and completely filled in by the funeral should be detached for such as the control of the contro

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FOR	DEPARTMEN	T OF
STATE		
REGISTRAR		ERT

TE OF MARYLAND HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTIF	ICATE OF DEATH	RI	G. NO.		-	
	CEASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF DEA	нтиом НТ	DAY Y	YEAR 2b	HOUR
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3. SE	X		4. RACE		5 DATE C		6. AGE (IN YEARS L	AST BIRTHDAY	IF UNDER		UNDER 24 HRS
	Female		B1	ack	3	27 25	59		'RS	DATS	JURS MIN.
	RTHPLACE (STATE O			WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE C			ATH	
	ountry) Virginia		U.S.	٨	WIDOWE	_	DATET	MODE	OTMV		
	ITY OR TOWN OF D	EATH				OR OTHER INSTITUTION	BALTI		12b K	CIND OF BU	MD. USINESS OR
,	AT MITMOR	_		H FACILITY, GIVE STREET		D.T.M. 4.7	TYPE OF WORK FOR	NOST OF WORK		USTRY	
-	BALTIMOR ALRESIDENCE (IF NU		CHUR			PITAL					
13a. S	STATE	13b. COUN		13c. CITY OR TOW		134 INSIDE CITY LIMITS?	130 STREET ADDI	₹ESS	212	18	
Ma	ryland			Baltim	ore	YES NO	1431 E	. Mon	tpeli	er S	treet
14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		DDLE		LAST	
	Eugene			Willia	ams	Maggie		OLL	Tho	mas	
	VAS DECEASED EVE			166 SOCIAL SECU		17. INFORMANT		DDRESS			.40160
	VES. NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)			Andrew L.					
01		711.5		line for (a), (b), and		IMMULEW L.	blewalt	1411			E INTERVAL ET AND DEATH
CERTIFICATION		y, which nmediate ting the se last.	DUE TO, OF	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR				
IFICA	190 DATE OF OPER	ATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	INC	IF YES, WERE I ERTIFYING CA YES	AUSES OF	
MEDICAL CERT	21g. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEA	in l	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR		71			
MED	216 INJURY OCCU	WHILE	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	21f LOCATION STREET	CITY	ORTOWN	COUP	NTY	STATE
	22s.l certify that (This hosping of place on Idid Idid and Idid NAME (TYPE O	all he	after death. 19_	84., ar	Meditin (my Cour) ppinion DEGREE ATTENDING PHYSICIAN (27e ADDRESS CHI 100 N	MEDICAL DIRECTOR P	STAFF HYSICIAN (27c.	, 11101	
	SURIAL, CREMATION	, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		1 COUNTY	,	M'₫ [€] .
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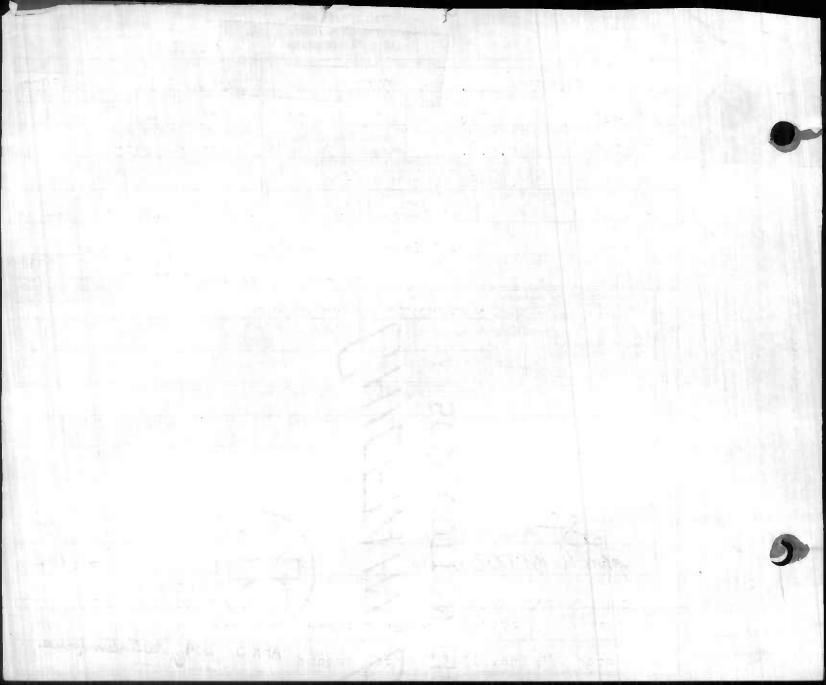
DHMH - 16 50M 4/82 (VRA 15, 4)

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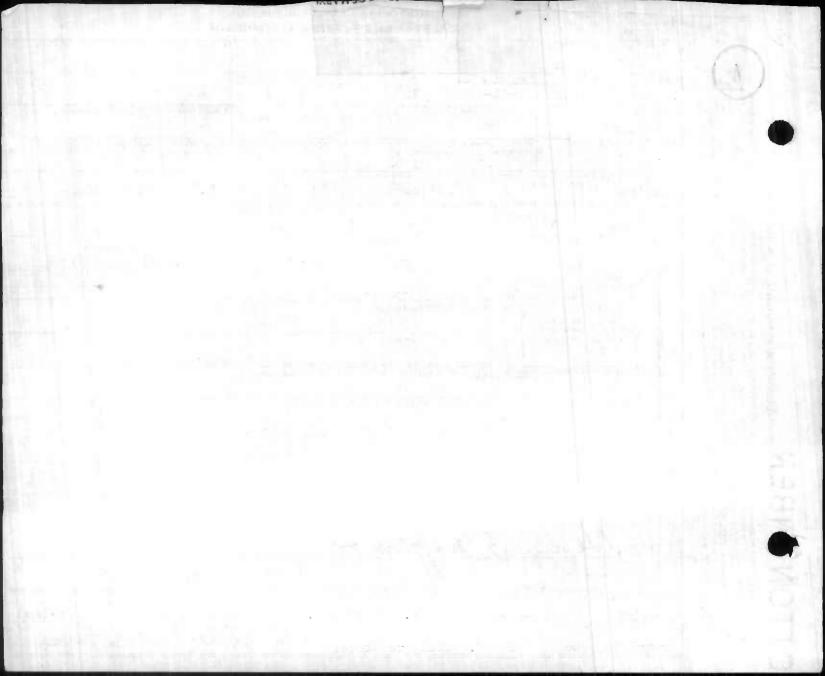
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ELAY IS NECES. TO THE FUNERAL V PAGE 5 FOR BE FILED, WITHIN SS, 201 W PREST	10. CI	Balti		11. NAME OF HOS 402 Benn	CILITY GIVE S	TREET ADDRESS)				AL OCCUPAT OST OF WORKIN		FWORK 1	2b. KIND OF BU OR INDUST	USINESS
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Jan. 18. C. WIT. I		18 CAUSE	OF DEATH (Enter on EATH WAS CAUSE	ly ane cause per line				xication				0 (TELE	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
D BE EXECUTED WITHIN 24 ENDING" IN PENCIL IN ITE MEDICAL EXAMINER ALON AS A BURIAL- TRANSIT PEI ALTH AND MENIAL HYGHE CPEMATION, OR REMOVA	ZO	gave cause (cause (caus		(b)	AS A CON	NSEQUENCE OF		ONDITION GIVEN IN PAI	RT 1 (a).	MATERIAL PROPERTY AND ADMINISTRATION OF				
CHIEF A	CERTIFICATION	19a. DATE O	FOPERATION	19b. CONDI	TION FOR	WHICH OPERAT	TION WAS P	ERFORMED?					20 AUTOPSY YES	? NO [X
HIS CERTIFICATE S WRITING THE WC ARDED TO THE (CE SS OULD BI VE DEPARTMENT	MEDICAL CER	UNDERLYIN CONTRIBUT	OCCURRED	ZIE PLACE	MONTH X 4	9 ₁₉ 84	inha	NJURY OCCURRE aled exha on enninghau	aust f	CITY OR TOWN	from a	auto		STATE Md.
CAL EXAMINER: THE CERTIFICATE, VIHOUID BE FORW. RAL DIRECTOR H, W. H, W. MARTEN H,			rify that I taak charg	ge of the remains des	Accident		Autopsy [Hamicide , TITLE (SPECIFY) Assistan	n X, Undeter	Inquiry C	and i	DATE	4/0/0	4
TO MEDIC EXECUTE PAGE 4 S TO FUNE		EXAMINER'S		Dennis F.				WEJJ			lto.,N	4D		
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20M 4/82	-													



Item 13	a,b,c,e	personh.	4/18/84	kg	
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Anatomy Board

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

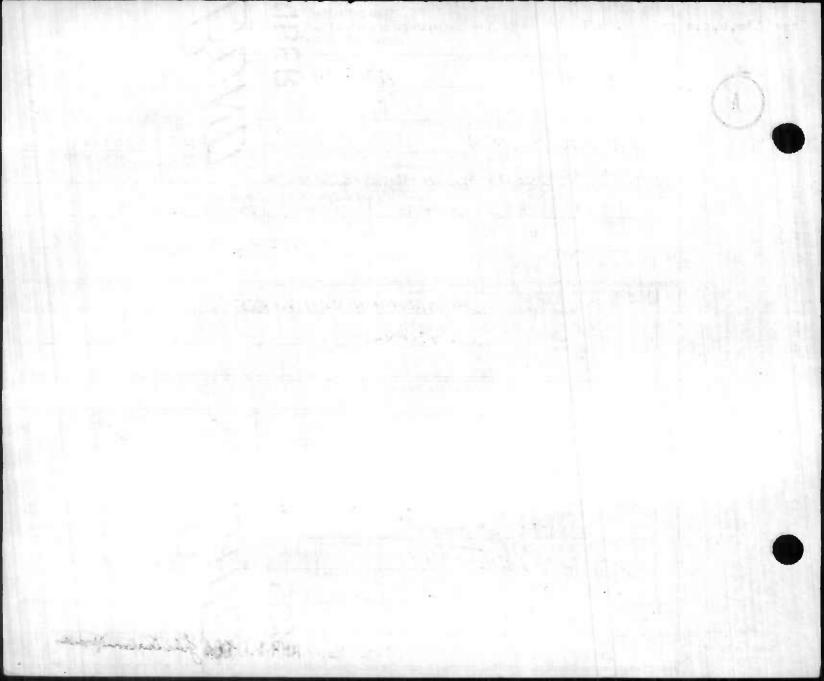
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		EASED NAME FIRST	MIDDLE		AST		MONTH DAY YEAR 26 HOUR
	[TYPE	ORPRINT) F-EMA	31	A	CAGER		4 2 84 113
	3. SEX		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTH	
		FEMALE	BLACK	MONT	2 SY		YRS. MONTHS DATS HOURS 2
2	Ja-BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	The second secon	R COUNTY OF DEATH
25		MARYLAND	451	WIDOW		BALT	TIMORE CITY
43	10. CI	BALTIMORE!	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		DROTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	
8				BEFORE ADMISSION	ACKELLINA I WAS MAS		
21	730 S			olis	134. INSIDE CITY LIMITS?	Carver St	
3/2/	-	THER'S NAME	R A Anal	0118	15 MOTHER'S MAIDEN NAM		· CTAOT
21		FIRST	MIDDLE LAS	51	SHARO	MADDLE	CAGER
		AS DECEASED EVER IN U.S. AF		SECURITY NO.	17 INFORMANT	ADDRE	SS
2	(4	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)				
							A SOUND AND A STATE OF
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c).)			APPROXIMATE INTERV BETWEEN ONSET AND I
2		PART I. DEATH WAS CAUS!	ED BY:	a Dre Dis	RATORY AR	DO COT	1.13
other tr		gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS	SEQUENCE OF		la de la constante de la const	
ury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 110
	ATIO	19a DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED
	CERTIFICATION	THE DATE OF CITERATION	The editorial to the to	The Total Control		YES NO	IN CERTIFYING CAUSES OF DEATH
Š –	E E	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
		OR CONTRIBUTING CAUSE OF DE	HIA	H DAY YEAR			
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOV	NN COUNTY STA
0	W	WHILE NOT WHILE I	(AT HOME STREET, FACTORY, C	DEFICE, FARM, ETC	STREET	CITORIO	500,000
		22a 1 certify that (I) (this hosp	pital) attended the deceased (Irom Apri	12 19 89	to APril	7 19 87, that (I) (w
		sow the deceased alive or	n April Z ot) view the body ofter death	19 84,0	nd that in (my) (our) opinion o	death occurred on the do	te and have and from the causes stat
		22b. SIGNATURE	1 O /	-1.0	DEGREE		12c DATE SIGNED
=		Lina A	Xorton M		ATTENDING PHYSICIAN	MEDICAL STAF	
		22d. PHYSICIAN'S NAME TYPE	OR PRINT)	^	22e ADDRESS	C -	1110/01
IMPORT		LISA / X	WORTON MI		S. NANOUE,	est	
1	22	URIAL, CREMATION, REMOVA	L 236. DATE	Tar NAME OF	EMETERY OR CREMATORY	23d LOCATION	
				231. INAME OF	EMETERT OR CREMATORY	CHY OR TOWN	COUNTY
		Removal	4/5/84	23t. IVAME OF		CHY OR TOWN	COUNTY STA

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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL

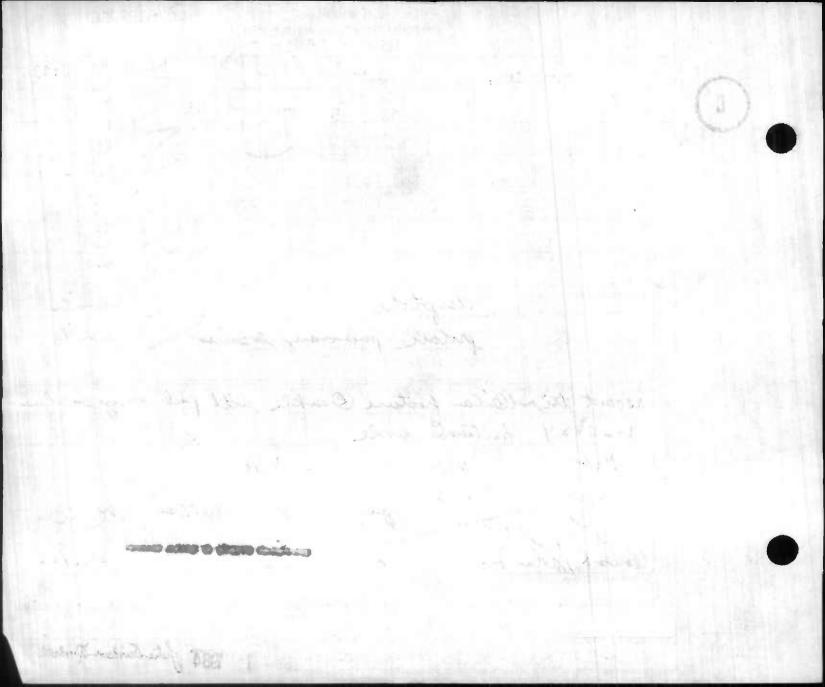
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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE 1 - STATE

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REGISTRAR	CEI	RTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT) Remadia	MIDDLE E	Cain A	20 DATE OF DEATH MONTH	26 84° 8:13A
3. SEX F EMALE 4 RACE	T-T 5. D.	ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
COUNTRY)	ECEASED NAME PREST Bernadire E. Cain Ta Date of Birth			C: +
10 CITY OR TOWN OF DEATH 11. NAM	ME OF HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BURINETS OF
LISUAL RESIDENCE (IF NURS - DI OME OR OTHER INST	ITUTION, GIVE RESIDENCE BEFORE ADMIS	SION)	Retired Sales	Ferson Sales
Maryland Baltimo		Llles 🗆 NO 🗓		Road 21228
John A.	Durr	FIRST	Johanna	Hahn
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR D	ATES)		10022	Hunting Lane Md. 21044 APPROXIMATE INTERVAL BETWEEN OR THIS AND DE AIM
gove rise to immediate cause ioi, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITION	ons contributing to DEATH	OF BUT NOT RELATED TO THE TERM LE Bakle	AINAL DISEASE OR CONDITION G	munits EVEN IN PART TO Solue ES, WERE FINDINGS USED
210. ACCIDENT WAS UNDERLYING 21b. TO R CONTRI USE OF DEATH HO	TIME OF INJURY FUR A.M. MONTH DAY Y PACE OF INJURY OME, STREET FAR ON OFFICE FARM, ET AT hor	EAR Subject 16	YES NOTER NATURE OF INJURY IN ITEM IE	IFYING CAUSES OF DEATH? VES NO
Obove (1) We) (did) the not the first of the last of t	e body ofter deoth.	DEGREE ATTENDING PHYSICIAN E		ho (Li we) lost muses stated
Charles R Graham 730 BURIAL CREMATION, REMOVAL 23b. DA Burial 4/2	ATE 23c. NAME	St. Agnes OF CEMETERY OR CREMATORY Redeemer Cemet	CITY OR TOWN	county STATE Md.
14 FUNERALDIRECTOR Leroy M. & Russell C. 1630 Edmondson Avenue		25a. DA1	TE REC'D. BY REGISTRAR 19 WOL	Davidson Mandage



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 har retained by the haspital or attending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be tited with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

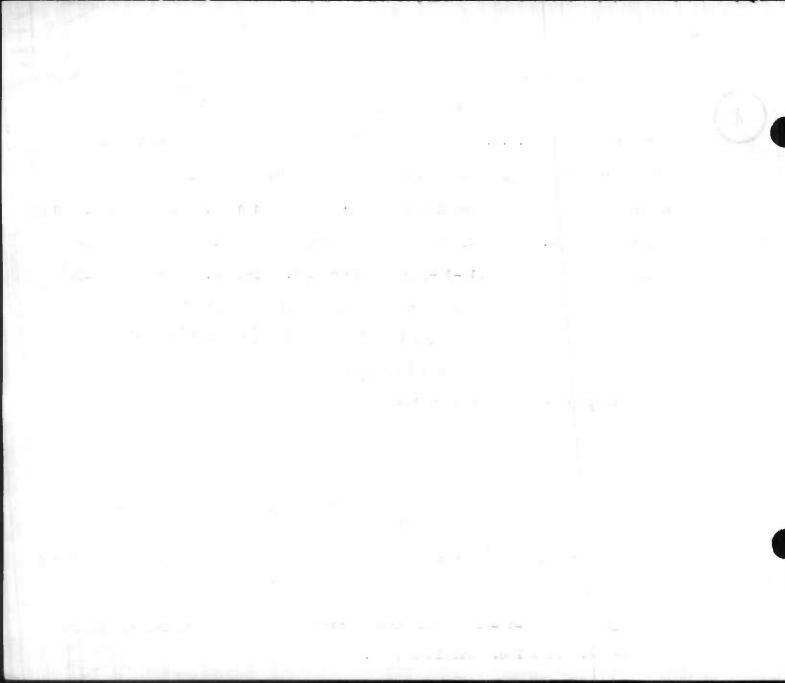
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 -	FOR STATE REGISTRAR		DEPARTM		ICATE OF DEAT		REG. I	VO.	9	3	1/
	CEASED NAME FIRST	M	IDDLE	Ĺ	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
(TYPE	EORPRINT) KAT	HARINE	Ľ		CAIN			04	14	84	10:00 PM
3. SE		4 RACE		5. DATE C			AGE (IN YEARS LAST E	RTHDAY)	MONTHS	ER TYEAR	IF UNDER 24 HRS. HOURS MIN.
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1	Maryland	U.S.A.		WIDOWE		CED 🔲	BALT	1000	3.A	City	, MD
10. C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUT		120 USUAL OCCUPA			KIND O	F BUSINESS OR
	BALTIMORE	GOOD		RITI	180H NF	PITAL	Housewi	fe			
USU.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL		TIVE RESIDENCE BEFORE		1 13d. INSIDE CITY L	IMITS?	3e.STREET ADDRESS	/ ZIP CO	ODE		
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	Albert F	MIDDLE	Conrev		First		C.		Pas	dfor	_
16a V	WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECU	RITY NO	17 INFORMANT	у	ADD	RESS	DIE	ul OI	u
		IVE WAR OR DATES)	213-10-37		Charles	D. Ca	ain. Sr.	Sar	ne as	# 1	.3e
	18 CAUSE OF DEATH (Enter of									APPROXI	MATE INTERVAL
	PART I. DEATH WAS CAUS	ED BY:	Card		rulmono	SO AL	20000	+-		OCT WEETS	AND CLASS
ŀ	11 3 TI IMMEDIA	ATE CAUSE (o)	-coar	10-0	204 mond	0	00000		_		
	7207	DUE TO, OR	AS A CONSEQUE		(Conges	tivo	heart	Jail	Cores		
1	Conditions, if any, which gove rise to immediate	(b)	Ch	† F	Tanges	1116	1,6001	A COLIN	VO6)		
	couse (o), stoting the underlying couse lost.	DUE TO, OR	AS A CONSEQUE	A	worathy						
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CO	NDITION	GIVEN IN	PART 110)
CERTIFICATION	Alzhon	er's c	dem ent	tia							
¥	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?				IGS USED
Ĕ							YES T NOT	IN CER	YES 🗆	CAUSES	OF DEATH?
= =	21a, ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY		21c HOW INJURY	OCCURRE	D (ENTER NATURE OF IN	URY IN ITEM		RPART 2)	
	OR CONTRIBUTING CAUSE OF D		A. MONTH DA								
2	(IF EITHER, NOTIFY MEDICAL EXAMIN	_		19	211 LOCATION						
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	ET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR	OWN	C	YINUC	STATE
	22a.1 certify that AT (this has	oital) attended the	deceosed from_	4	4 /5	84	. 10 9	14	19	9	that (I) (we) lost
	sow the deceased alive a above, (1) (we) (did) (did n	n 4 /	ofter death.	94 or	nd that in (my) (our)	opinion de	eoth occurred on the	dote and l	hour and	from the	causes stated
1	22b. SIGNATURE	. 01			DEGREE				2	2c DATE	SIGNED
	Ed	un o	mo			ICIAN		AFF ICIAN		41	14/84
1	22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS	1100	(C) E.	BEL	LVE	DER	EAVE
	EDWI	N YEO)			Bor	LTIMORE	, (nD	217	139
23a. 8	BURIAL, CREMATION, REMOVA	L 23b. DATE			EMETERY OR CREM		23d. LOCATION		COU	NIV	STATE
	Burial	4-18-8	4 Ga:	rdens	of Faith			altim			yland
24. FI	UNERAL DIRECTOR		*				REC'D. BY REGISTRA	R 25to REG	ISTRAR'S	SIGNATI	URE J. DO
	Leonard J. Ruc	k, Inc.	Baltimo	re, M	d.	API	R 16 1984	1	Daugo	(Op/1/	Parlances

DHMH - 16 50M 4/83 (VRA 15, 4)



deoth. Page 4 may be

FOR - STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	U	7	(,)	1	i
RI	EG. NO.				

REGISTRAR	CERT	THE COUNTY OF TH	REG. NO.	
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
PEARL	LOUISE CAL	LAHAN	4/1/184	230 0
SEX		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
remale		DAY YEAR O'S	80 YR	
BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	RIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
/irginia		WED TO DIVORCED	Baltimore C	itv M
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM	E OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OF
Baltimore	Baltimore City	Hospital	Housewife	Strey INDOSTRY
STATE 138 COL	DR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION JUNTY 136 CITY OR TOWN	N) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
Maryland Ba	ltimore Edgemere	YES NO X	2719 Wells	Avenue 21219
FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	
Joseph	Shagena	Blanche	WIDDLE	Rudy
WAS DECEASED EVER IN U.S. A			ADDRESS	*
(YES, NO OR UNKNOWN) (IF YES, G	216-82-805	3 Oliver N.	Callahan :	Same as 13e
18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b), and (c),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS		Limical Dis	GCIATION	30 m.2
4100 111	THE CHOSE (O)			
Condition it and the	DUE TO, OR AS A CONSEQUENCE OF	eridial INF	AICTIC	36 h/s
Conditions, if ony, which gave rise to immediate	(6)			
couse (o), stoting the	DUE TO, OR AS A CONSEQUENCE OF		1. 1 2	Inderes min 2
underlying cause last.	1 10 ATHERDICKE 1.57	tic colonois	Vascula- Discare	1 by Chr. W. to C
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1/0
Distare	\$			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
The state of the s			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF D		AK 9		
21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WMILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)) STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	pital) attended the deceased from4	110 10 9	9 10 4/11	19 8 4 , that (l) (we) lo
saw the deceased alive a	priori) direitoro die deceosed from		death occurred on the date and	, indi tizame no
above, (1) (we) (did) (did r	nat) view the body after death.		The second of th	
226. SIGNATURE	V. O two	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
and 6		PHYSICIAN [DIRECTOR PHYSICIAN	9/1/104
224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	C. C. 11. C.	\
WILLIAM	6. KALLIN	Brut.	CITY Yesp	
BURIAL, CREMATION, REMOVA	L 236. DATE 23c NAME O	F CEMETERY OR CREMATORY	23d LOCATION	
Burial	4/14/1984 Oak	Lawn	Baltimore	Maryla
FUNERAL DIRECTOR Duda		25e DA		SISTRAR'S SIGNATURE
922 Wise Ave	ADDRESS	. 21222 T	PR 16 4001 11	Marie
JAZ MIDE AVE.	nue Dunuary MD	. 21222	11 10 10041	Mark mark &

DHMH - 16 50M 4/B2 (VRA 15, 4)

7922 Wise Avenue

should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pagewith the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shaws any

injury, or other troumotic event,

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion

retoined by the hospital or ottending physicion.

BP.

MAHAJIA BELOOTE CALLAHAM White I to as is

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 34

retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely should be detached for use as the busial-transit permit. Then please remove carbonpapers. Pages, I and 2 muth the State Dept. of Health and Mental Hygiene prior to busial, crematian, ar removal.

m injury, or other traumotic event, th

IMPORTANT: If Hem 21 is marked or Hem 18 in

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		3		

STATE OF MARYLAND

1.	FOR STATE		DEPARTMENT OF	HEALTH AND ME		it die	0 9	3 1	4	
	REGISTRAR		CENTI	FICATE OF DE		REG. NO				
	CEASED NAME FIRST	MIDDLE		LAST	20	DATE OF DEATH	NONTH C	DAY YEAR	26. HOUR	
(TYPE	(NA/Te	RT	Cr	A/A har		i i	1 6	2 84	715 E	A M
1 SE	X +0 /	RACE		OF BIRTH		AGE (IN YEARS LAST BIRTI		IF UNDER I YEAR	IF UNDER 24 F	
-	Male	CANCASI	MON MON		O %	76	YRS.	AONTHS DAYS	HOURS N	AIN.
y a. 111	RTHPLACE INTAIL DEFOREGRE	6. CITIZEN OF WHAT	COUNTRY? 8.	VA	9.	BALTIMORE CITY OF	COUNTY	OF DEATH		
1	MORTA CAROLINA	USA	MARRI	ED DIVO	RCED [Baltinus	24	city		MD.
m.c	ITY OR TOWN OF DEATH		TAL, NURSING HOME	OR OTHER INSTIT	UTION 12	a USUAL OCCUPATIO			F BUSINESS	
-	BATIMORE /	MIVERSI	ITY, GIVE STREET ADDRESSY	ARMand.	CODIA	TYPE OF WORK FOR MOST OF	E C	CONT	DAILE	でに
	AL RESIDENCE JIF NURSING HOME OR C				turing his	STREET ADDRESS /	7:D CODE	1/6	121	
N	TARY land CEC		CITY OR TOWN	YES NSIDE CITY	10X	1045 FRENC	- 200	2 Ko	Sed	
N FA	ATHER'S NAME			15. MOTHER'S A						
	ATREPT	D. C	ALLAHAN	FIR	SUISE	WIDDLE		MI	Cour	,
	WAS DECEASED EVER IN U.S. ARM		OCIAL SECURITY NO.	17 INFORMAN		ADDRES	S		1	
1	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	12-05-197	5 NHARY	CALLI	AHAN (SAME	: A3 /	3)	
	18 CAUSE OF DEATH (Enter only	y one couse per line fr	or (o), Mail, and (c).4	,					MATE INTERVAL	ATH
			So 0	lac.						
	745 9 MMEDIATE	CAUSE (o)	Contraction of	our mies						_
	//~/	DUE TO, OR A5	CONSEQUENCE OF	0	().					
	Conditions, if ony, which	(b)	te mis	Men 1	vecro					
	couse (a), stoting the	DUE TO OR AS A	CONSEQUENCE OF	0.0	No -	A				
	underlying couse lost.	(willen	truciala	Seeled	1 Her	l				
	PART 2 OTHER SIGNIEICANT CO	ONDITIONS CONTRI	BUTING TO DEATH BU	T NOT PELATED TO	THE TERMINA	AL DISEASE OF COND	ITION GIVI	N IN PART 1		
z	PART 2 OTHER SIGNIFICANT CO	DIADITIONS CONTRI	BOTING TO DEATH BO	THOUSE EXILED IT	O THE TERMINA	AL DISEASE OR COINE	IIIOI4 GIVI	TIA BALWKI III		
CERTIFICATION	IN CATE OF OPERATION	Tin contribution	FOR WHICH OREDATE	ONLINAS BEREORA	150	SA- ALITOREY2	104 IE VEC	WEDE ENIDIN	ICC USED	
N N	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATE	DA WAS PERFORM	VED	700 AUTOPST?				,
E	3/16/87	Venbu	cula displ	CX Di	fect 1	YES NO	YES		NO 🗌	
Ü	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. **ECIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY HOUR A.M. MONTH DAY YEAR 190 CONTRIBUTING CAUSE OF DEATH 191 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. **ECIDENT WAS UNDERLYING OR CAUSE OF DEATH 191 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. **ECIDENT WAS UNDERLYING OR CAUSE OF DEATH 191 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. **ECIDENT WAS UNDERLYING OR CAUSE OF DEATH 192 CONTRIBUTING OR CAUSE OF DEATH 193 CONTRIBUTION OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 211 LOCATION STREET CITY OR TOWN COUNTY									
¥										
MEDICAL				211 LOCATION						
ME	WHILE NOT WHILE					CITY OR TOW	'N	COUNTY	STATE	E
	AT WORK AT WORK		212		Out	- dh	_	ail		_
110	220 I certify that (I) (this hospite	411 -	111	-	19 34	, to 7/0			that (I) (we)	
	sow the deceased alive on a obove, (1) (we) (did) (did not	view the body ofter		and that in (my) (a	ur) opinion dea	oth occurred on the do	le and hour	and from the	couses stated	d
- 2	22b. SIGNATURE	1		DEGREE			15-11-	22c. DATE	SIGNED	
. 15	ACK	to post			YSICIAN C	MEDICAL STAF		4/	2/84	
	22d. PH LAN'S NAME (TYPE OR	PRINT)		22e. ADDRESS		00	,			
	JAMES	GAN		1 1/100	+	11/2. H	3501	TAL		
22- 7		Tash DATE	123, NAME OF	CEMETERY OR CR		23d LOCATION	1 4 (- 4	111		
230.	BURIAL, CREMATION, REMOVAL (SPECIES)	23b. DATE	./	Δ		CITY OR TOWN	1	COUNTY	STATE	E
	CREMATION	7-3-8	4 WESTVIE			WESTYIEW		ALTIMO		MI
124 FI	UNFRAL DIRECTOR			57	IZSa. DATE R	EC'D. BY REGISTRAR	Sh. REGISTI	RAR'S SIGNAT	ARE	

DHMH - 16 50M 4/83

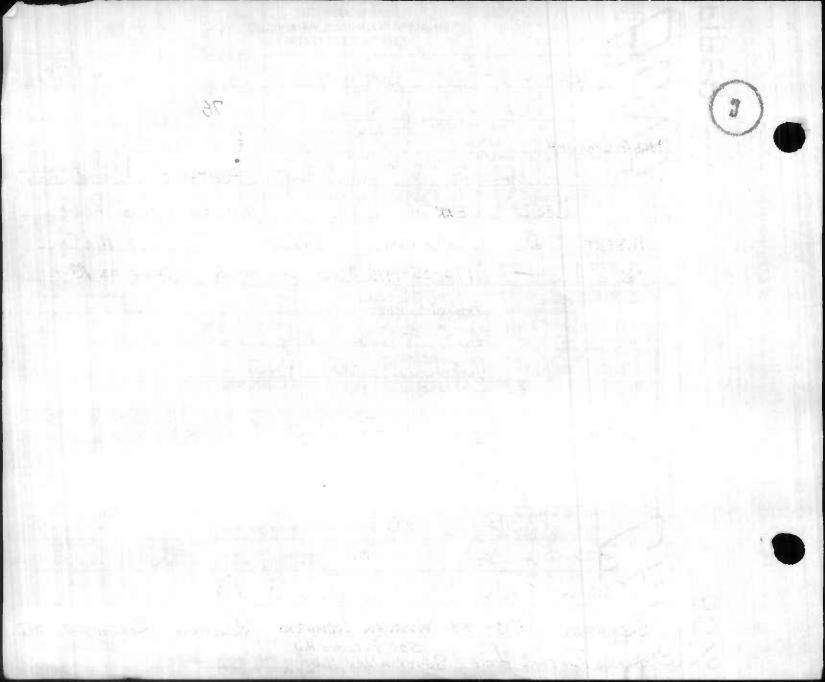
(VRA 15, 4)

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-UNERAL

SEVERNA PARK, MI

Lulia Davidson Kand



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6.0			13.49	-

REGISTRAR		CERTIFI	CATE OF DEATH	REG.	NO.			
1. DECEASED NAME FIRST	MIDDLE	1.4	AST	20 DATE OF DEATH		DAY YEAR	26 HOU	R
(TYPE OR PRINT) MIRIAM		CAPLAN		APRIL 12	2, 1984	!	1 P.	M
3. SEX	4 RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST	SIRTHDAY)	IF UNDER I YEAR	IF UNDER	
FEMALE	WHITE	SEP	T. 24,1912	71	YRS	MONTHS DAYS	HOURS	MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	(? 8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
MARYLAND	USA	WIDOWE	DIVORCED	BALTI	MORE CI	TY		MD.
10 CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 6952 REISTI	ET ADDRESS)		120 USUAL OCCUPA (TYPE OF WORK FOR MOS HOUSEWI		12b. KIND O INDUSTRY AT H	F BUSINE	SS OR
USUAL RESIDENCE (IF NURSING HOME O 136. STATE 136. COU MARY LAND	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION)	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS			212	215
14. FATHER'S NAME FIRST JACOB	MIDDLE POTLO	CK	15. MOTHER'S MAIDEN NA/ FIRST SARAH	MIDDLE		FRIED		
160 WAS DECEASED EVER IN U.S. AI (YES, NO UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC 1/VE WAR OR DATES) 215-09-		17. INFORMANT JAC 2900 LIGHTFO	K GRESSEARD OT DR. BA	LTO.,	MD 21	209	
	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	UENCE OF			A)L-	YEN IN PART 10	h'	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES		H?
		DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18 P	PART I OR PART 2)		
OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	s	TATE
saw the deceased alive a above, (1) (we) (did) (did n	n 4 19 19 19 19 19 19 19 19 19 19 19 19 19	, on	d that in (my) (our) opinion (death accurred on the	date and hou	r and from the		
72b. SIGNATURE	ser Wear	C	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN	22c DATE 4/12	2/84	
JOSEPH SHEA			6715 PARK HT	ΓS. AVE.	BALTO.	,MD		
230. BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL	APR 12 1984	BETH T	EMETERY OR CREMATORY	23d. LOCATION BALTIT	MORE	COUNTY MA	ARYL	IND

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTO

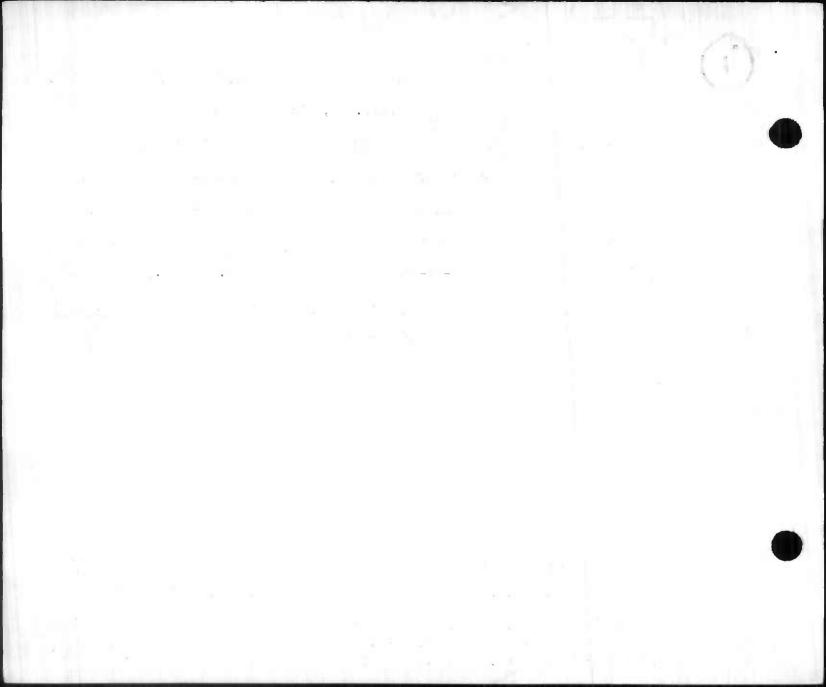
APR. 12, 1984

BALTIMORE

MARYLAND

LEVINSON & BROS., INC. TOWN RD. BALTO., MD 2 24 FUNERAL DIRECTOR SOL 6010 REISTERSTOWN RD. 21215

APR 16 1984 July Davidson-Rondall



STATE OF MARYLAND

1.	STATE REGISTRAR		CATE OF DEATH	REG. N	0.902	1	
(TYP	CEASED NAME FIRST	K. CARE	3 4	2a. DATE OF DEATH	4-2584	HOUR	
1, SE	Female	Col MONTH	23'-2°	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOL	NDER 24 HRS	
6	Alto, Md.	MARRIED	D DNORCED	Ballin	ere City	MD	
1	DAlimore 11. N	NOTAN SUCH FACILITY, GIVE SHIPET ADDRESS)	t Ave	12a USUAL OCCUPATE	OF WORKING LIFE) INDUSTRY		
9	MANY/AND ISE COUNTY	PAllimore	YES NO	3109 E	remont Ave	2/2/6	
	Thomas Middle	CAREY	15. MOTHER'S MAIDEN NAM	le MIDDLE	Vessel's	0154	
	WAS DECEASED EVER IN U.S. ARMED F		Mrs. Mary W	Jashing ton	3169 Belmo	of Ave	
No	Conditions, if any, which gave rise to immediate court (a), stating the underlying course last.	m	Acrosolo NOT RELATED TO THE TERMI	NAI DISEASE OR CON	DITION GIVEN IN PART To		
CERTIFICATION	THE DATE OF OPERATION 15	CONDITION FOR WHICH OPERATION	N WAS PERFORMED	184 AUTOPSYT	IN CERTIFYING CAUSES OF D	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO	
100		IN TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21s. HOW INJURY OCCURR	ED (ENTER HATURE OF PAID	RY PATEM IS TAKE I ON PART 21		
MEDICAL		E PLACE OF INJURY IT HOME VIRET FACTORY, OFFICE FARM, ETC.)	TH LOCATION STREET	0(10-11)	wer corners	MAIR	
	23s. J. certify that (7) (this hospital) at some the deceased align as obown (10 live) (dict faid not align as 23s. SIGNATURE) THE PHYSICIAN'S NAME ATTE OF PRINCIPAL CONTROL OF	Mon Q 5 19 8 10 and	d that in (my) lour) opinion d DEGREE AFTENDING PHYSICIAN 1714 ADDRESS	te Floral ieath occurred on the di MEDICAL STAL DIRECTOR PHYSIC	ote and hour and from the course		
73a.	BURIAL CREMATION, REMOVAL 236	DATE TIL NAME OFCE	METERY OF GREMATORY)	THE LOCATION	greate has in	(62m2	
24 gF	UNERAL DIRECTOR	1-1-84 ARba	ITUS MENTAR	DECID BY RECORD	Mines Decordender Note	nd_	
7	aseph L. Russ &	2222 W. North	Ave. MA	1 / 1904	9		

DHMH - 16 50M 4/83

MPORTANT, if hem 23 is morked gr.

papers Pages 1 and 2 shauld be filled with

(VRA 15, 4)

TO FUNERAL DIRECTOR

TO HOSPITAL

Prollmen Cily Vorte mit 16 Site Distings 4109 Simontine Steel Steel Supplied The Wallet A State of the Colored State of Manch Tines Locale Courts Mary Everticales El Victoria Marie

page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

	- STATE REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO.		Cap diag
	T. DECEASED NAME FIRST (TYPE OR PRINT) RAYMON	ND W CARON		(AST	THE DATE OF DEATH	-20-84	10:45 M
	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHD	MONTHS DAY	
	Male	Caucasin	10	26 1911	72	YRS.	
	Massachuetts	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE WIDOWE	ED NEVER MARRIED DIVORCED	BALTIMORE C		MD
	BALTIMORE CITY	ME OF HOSPITAL, NURS IN OT IN SUCH FACILITY, GIVE STREET A	GHOME CADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Truck Help	ORKING LIFE) INDUSTR	of Business OR Y-Grego
)		Interinstitution Give residence before INTY 13c. CITY OR TOWN	N	136 INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z 5909 Johnn		. 21207
2	Heimengilde	MIDDLE Caron		15. MOTHER'S MAIDEN NAME FIRST Martha	MIDDLE	Adam	last
-	160 WAS DECEASED EVER IN U.S. AI (1455 NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU 1013-10-		Marie M. C	aron 5909	Johnnyca Johnnyca	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	utrelas 1	tachycasdia Mil I III I III III III III III III III	'ION GIVEN IN PART	1(0)
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED		Ob. IF YES, WERE FIND N CERTIFYING CAUSI YES	
9	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE AUF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK AT WORK	HOUR A.M. MONTH DA	19	211. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY II	N ITEM 18, PART I OFF PART 2	SFARE
	sow the deceosed almost obove, (1) (we) (did) (did no 22b. SIGNATURE	and Misew they body often dedity	184 6	DEGREE ATTENDING PHYSICIAN	death occurred cyrthe date MEDICAL STAFF DIRECTOR PHYSICIAL	22¢ DA	that (I) (we) last he courses stated TE SIGNED 4/20/84
	22d. PHYSICIAN'S NAME (TYPE	M. SINBH		220 ADDRESS	t Agni	n flos	pital
	230 BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c. N	IAME OF C	CEMETERY OR CREMATORY	23d. LOCA N	COUNTY	ATATA

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the hospital ar attending physician

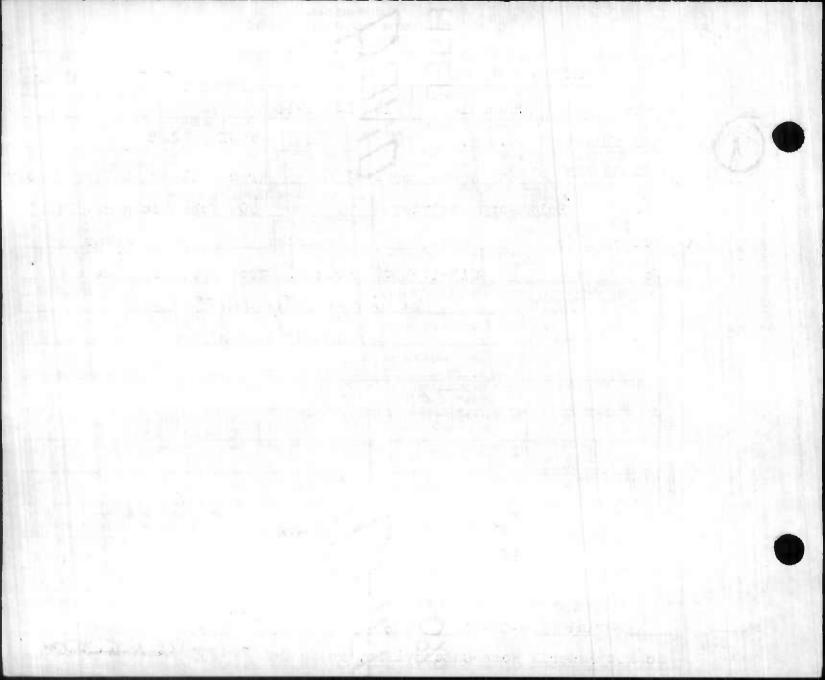
injury, or other traumotic event,

MPORTANT: If Hem 21 is marked or item 18 sho

Burial 4-24-8

Parinal 4-24-8

MacNabb Funeral Home Catonsville, Md



nding physicion ond completely filled in by the funeral director, poc corbon popers. Pages 1 and 2 should be filed within 72 haurs ofter d i, or removal.

medico

TO FUNERAL DIRECTOR: After this certificate has been signed by

ATTENDING

TO HOSPITAL OR

etoined by the hospitol or

the buriol-transit permit. Then please and Mental Hygiene prior to burial, cr m 18 sho

should be detached for use as the with the State Dept. of Health and

marked or Ite

IMPORTANT: If Hem 21 is

1.	FOR - STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	IYGIENE 4 0 9 d	23
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 25 HOUR
(TYPE	GERTRU GERTRU	JDE P	CARR	4 11	84 150m
3. SE.	Female	4 RACE White	5. DATE OF BIRTH July 22, 1897	86 YRS	
7a BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky	75. CITIZEN OF WHAT COUNTRUST $U.S.A.$	MARRIED NEVER MARRIED	BALTIMORE CITY BALTIMORE CITY	DEATH MD.
В	ITY OR TOWN OF DEATH ALTIMORE	UNION MEMORIA			2b. KIND OF BUSINESS OR NDUSTRY
	AL RESIDENCE (IF NURSING HOME OF STATE 136, COURT 136,	OR OTHER INSTITUTION, GIVE RESIDENCE BEINTY 130. CITY OR TO Baltim	OWN 13d INSIDE CITY LIMITS	? 13. STREET ADDRESS 4802 Hamilton Ave	21206
16a V	ATHER'S NAME FIRST MONTOE WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	Phillips RMED FORCES? 16b. SOCIAL SE IVE WAR OR DATES) 214-24	ECURITY NO. 17. INFORMANT	ADDRESS Gille	epsie
NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF THE CAUSE (c)	QUENCE OF actions dis	east ERMINAL DISEASE OR CONDITION GIVEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED		ERE FINDINGS USED G CAUSES OF DEATH? NO
EDICAL CER	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE		DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2}
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY OFFI	CE FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE

22a | certify that (1) (this hospital) attended the deceosed from saw the deceosed alive on 4/11/64 saw the deceased alive on 4/11/f/ obove, (1) we) (did) (did not) view the body ofter death. 22b. SIGNATUR

ROBERT S. TANO, M.D.

4/14/84

224 PHYSICIAN'S NAME (TYPE OR PRINT)

DEGREE

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS UNION MEMORIAL HOSPITAL

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Oak Tawn

23d. LOCATION

Baltimore, Marilla By RE SEA RELIGIOUS RAKES SIG

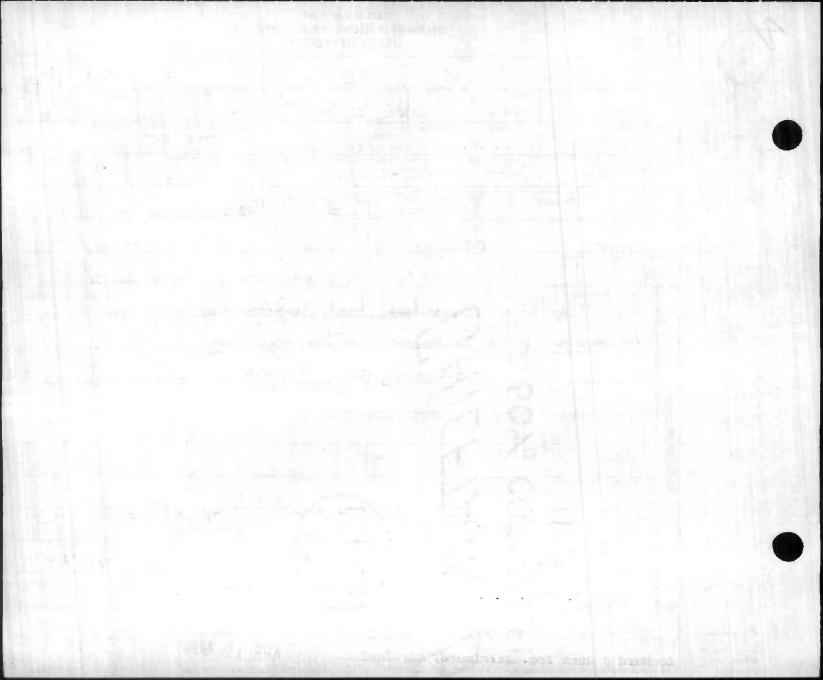
BP	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
11 14 5044 4 50	24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2 (VRA 15, 4)

Leonard J Ruck Inc. Baltimore, Maryland

23b. DATE

and that in (my) (our opinion death occurred on the date and hour and from the causes stated



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the fishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Faring it had be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal. within 24 hours afte DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician. njury, or other troumotic event, M IMEDITANT: I hem 21 is morked in

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

GIENE	44	0	9	3	-
		PEG NO			

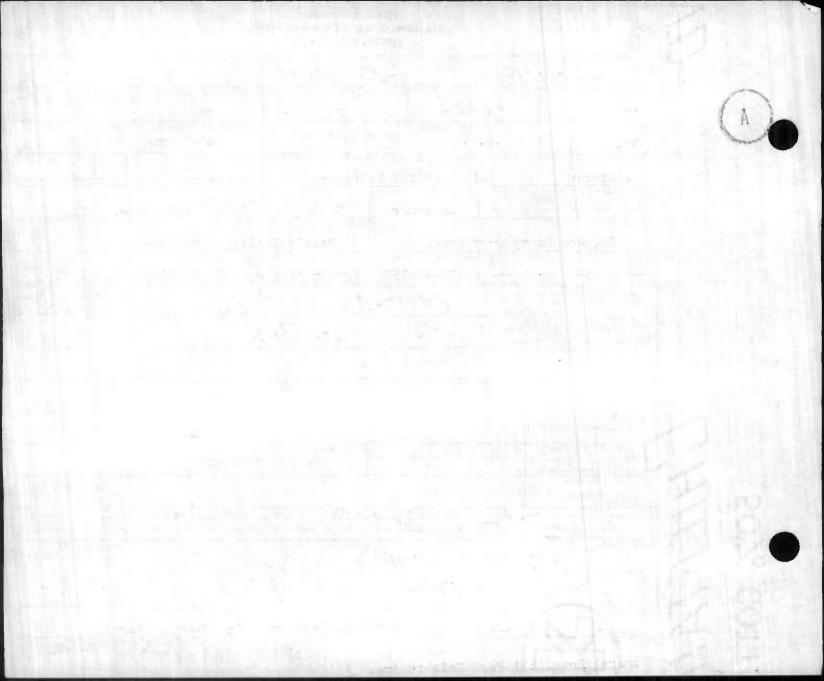
1	- STATE REGISTRAR	D (1	CERTIF	ICATE OF DEATH	REG. NO	0.	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	VIE	CARK	PINGTON	20. DATE OF DEATH	4 4 84	12/0 PM
7	3. SEX	BLACK	5. DATE O	20 07	AGE (IN YEARS LAST BIR	MONTHS DAYS	
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Va.	U.S.A.	MARRIE WIDOWE	D LI NEVER MARRIED	Baltin Baltin	R COUNTY OF DEATH	MD.
7	10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Sinia Hos	STREET ADDRESS)			ON 12b KIND INDUSTRY	
	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COUL	NTY 13c. CITY OR		13d. INSIDE CITY LIMITS?	30. STREET ADDRESS 2620 Shir	ley Ave. 21	215
1	14 FATHER'S NAME	MIDDLE LAS		15 MOTHER'S MAIDEN NAME	. WIDDLE		AST *
1		enry Carringto			liam Carri		
	160 WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	42-1594	Pastor Alston		rley Ave. 2	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a) ED BY: TE CAUSE (a)	FS PIR	ATORY A	CREST	APPRO BETWEEN	XIMATE INTERVAL HONSET AND DEATH
	Sconditions, if ony, which	DUE TO, OR AS A CON	EQUENCE OF	moN1715	5	_	2days
	gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	SEQUENCE OF	2 11			
		CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE OR CON	DITION GIVEN IN PART 1	10
	190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES [
1	OR CONTRACTOR TO CALLER OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I ORPART 2)	
ļ	CITE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM ETC)	211. LOCATION STREET	CITY OR TO	wn county	STATE
	220 1 certify that (I) (this hasp	view the body ofter death.	1984 , or	brudey, 19 84 and that in (my) (out) opinion de	oth occurred on the de	ote and hour and from the	that (I) (100) last e causes stated
	27b. SIGNATURES OF CAN	voil	m	ATTENDING PHYSICIAN	MEDICAL STAI	F _ 15/	HE SIGNED
	22d. PHYSICIAN'S NAME (TYPE OF	DR PRINT) LAWOT	IN	200 W	Cold Spr	en 4 LANT	Balt.
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)	. 23b. DATE	12.0	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	county	STATE
	Burial	4/7/8/	ME At	burn Cemetery	Baltimor	e, Marylan	d

BP. DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR

APR 9 1984 July Burgeson Manselle.

ADDRESS Law Funeral Home 4611 Park Heights



executed within 24 hours ofter

requires that the death certificate be

ATTENDING PHYSICIAN: The

TO HOSPITAL

BP

physicion and completely filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and c should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If hem 21 is marked or Item 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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		10	Girap	Cold

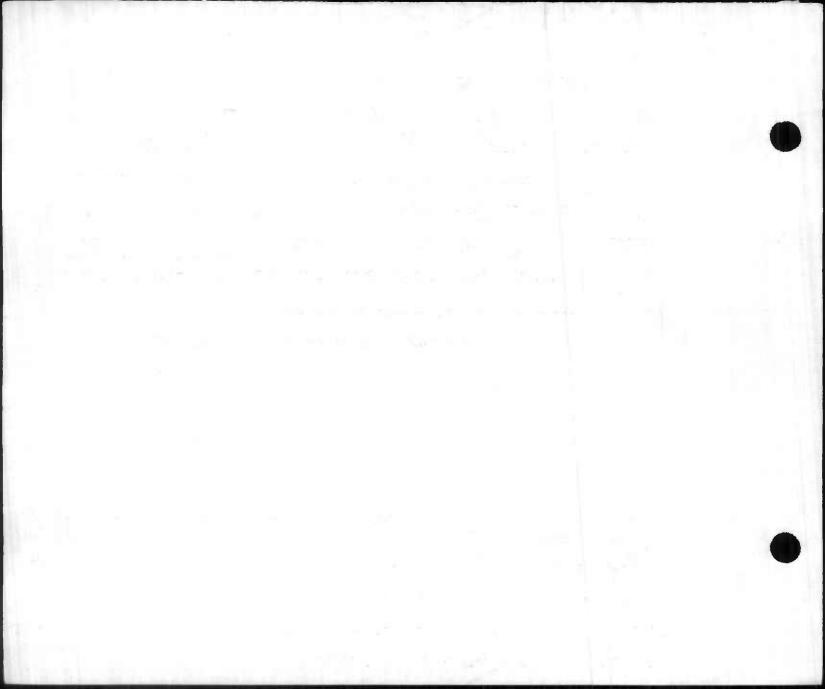
FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	O. 9	() 4	-
1. DECEASED NAME FIRST	/	MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT) CHAR	LES .	FRANK	CARR	COLL	4	1 11	84	9:19 p
3. SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	# UNDER 24 HRS HOURS MIN.
MALE	WHIT	E	MONTH 6/	23/1912 YEAR	71	YRS.	AUNIHS DATS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN O	F WHAT COUNTE	RY? 8	NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH	
BALTO., MD.	U.S.	Α.	WIDOWE		BALTIMORI	E Cit	-u	WE
10 CITY OR TOWN OF DEATH BALTIMORE	(IF NOT IN S	UCH FACILITY, GIVE STE	REET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	F WORKING LIF	E) INDUSTRY	
USUAL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTIO			YLAND 21218	LITHOGRAPI		PRIN	TING
MARYLAND BA	LTIMORE	BAYNES	OWN	13d INSIDE CITY LIMITS? YES NO 🛣	136 STREET ADDRESS 1805 ABERT			. A 2123
14. FATHER'S NAME FIRST WALITER	MIDDLE	CARRO	LL	15. MOTHER'S MAIDEN NA/ FIRST SOPHTA	WE		SEI	
160 WAS DECEASED EVER IN U.S.		166 SOCIAL SE	ECURITY NO.	17 INFORMANT	106 GI	BONS	BOULEVA	ARD
	.W. II	215 09	7973	JOHN A. HOWLA				
gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, (c)_ NT CONDITIONS		TO DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES	EN IN PART 1:	NGS USED
	110110	OF INJURY A.M. MONTH		21c HOW INJURY OCCUR	YES NO		S CART T OR PART 2)	но 🗌
OR CONTRIBUTING CAUSE ON (IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AL WORK AL WORK AL WORK	21e. PLAC	P.M. E OF INJURY STREET FACTORY, OFFI	CE FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
22e. I certify that (h) (this he saw the deceased alive above (h) (we) (did) (P Bu	the deceased fro	9 <u>-84</u> , or	d that in (90) (our) opinion of DEGREE ATTENDING PHYSICIAN [deoth occurred on the d MEDICAL STA DIRECTOR PHYSK Raven Blud.	ote and hou	22c. DATE	12-84
230. BURIAL, CREMATION, REMOV	/AL 23b. DATE	2	3c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
CREMATITON	4/13	/1984 6	REEN MO	TINT CREMATORY		₹		MARYTA

APR 13

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the buriol-transit permit. Then please remove carbonopoers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

etoined by the hospitol or offending physicion.

BP DHMH - 16 50M 4/83 (VRA 15, 4)

deoth. Poge 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND FOR - STATE

CERTIFICATE OF DEATH

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63		1.0	0.0	

REGISTRAR				CERTIFIC	CHIL OI DEN		REG. NO			
DECEASED NAM	E FIRST	A	AIDDLE	L	151		20 DATE OF DEATH	AONTH D	AY YEAR	26 HOUR
(TYPE OR PRINT)	ALIC	E PRE	STON	CAR	RINGTO	N	April 25	, 198	4	1301
3. SEX		4. RACE		5. DATE O	F BIRTH		6 AGE (IN YEARS LAST BIRT	IDAY)	IF UNDER I YEAR	IF UNDER 24 HI
Fem	ale	Whit	e	Aug.	25 ^{DAY} 18	95	88	YRS.	AONIHS! DAYS	HOURS MI
70. BIRTHPLACE			WHAT COUNTRY?	R			9 BALTIMORE CITY OF		OF DEATH	
COUNTRY		1	JSA	WIDOWE	NEVER MARE	CED	Baltimor	e Cit	V	
10, CITY OR TOWN	OF DEATH	11. NAME OF H	OSPITAL, NURSI	NG HOME C	R OTHER INSTITUT		120 USUAL OCCUPATION	N	126 KIND C	F BUSINESS
. Balt	imore		n Memo		lospital		Homema			n Hom
USUAL RESIDENC	HE NURSING HEIME	DIHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)					1. 01	111011
136. STATE	130,000	NTY	Balto		13d INSIDE CITY L	IMITS?	100 W. Co	ZIP CODE	oring	a. 2
J4. FATHER'S NAM	E		Darco	•	15 MOTHER'S MA			10 0	or any	
FIRST		H.	Presto	\m	FIRST	len	MIDDLE		Jack	000
	mes ED EVER IN U.S. AI		166 SOCIAL SECT		17 INFORMANT	ten	ADDRE	55	Jack	3011
LYES, NO OR UNK		VE WAR OR DATES)					D: 1		to a second of A	40
No					Mr. B	. Pre	eston Rich	, Rux	ton, N	MATE INTERVAL
18 CAUSE	18. CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: One of the couse per line for (a), (b), and (c).)									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARDIO PULMORARY ARREST (ARRHTHYM								11/4		
40	29	DUE TO, OI	r as a consequ	ENCE OF						
Conditions	if ony, which	(lb)	CONG	EST	1VE 130	ART	FAILU	RIF		
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF									
	underlying couse last. (c) HYPERTENSION									
PART 2 OT	IED SIGNIEICANIT	CONDITIONS CO				THE TEDANI	nal disease or cone	ITION GIVI	EN IN PART 1	
	METAS		_	CINO				GAS		
	OPERATION				WAS PERFORME		20a AUTOPSY?		, WERE FINDIN	
E							YES NO		YING CAUSES	OF DEATH?
71a ACCIDEN	T WAS UNDERLYING	7 21b. TIME O	F INJURY		21c HOW INJURY	Y OCCURRI	ED (ENTER NATURE OF INJUR			,,,,
On COLUMN	TING CAUSE OF DE	1 110110 4	M. MONTH D							
(IF EITHER N	OCCURRED	R) P.		19	211 LOCATION					
IAA			EET, FACTORY, OFFICE	FARM, ETC.)	STREET		CITY OR TO	VN	COUNTY	STATE
AT WORK	NOT WHILE					7.00		_	67.21	
	that (I) (this hosp	- 1144	e deceosed from.		17	983				that (I) (we) I
sow the	deceased alive of (b) (we) (did) (did n	ot) view the bady	ofter_deot#.	or	d that in (my) (our) opinion d	eoth occurred on the do	te and hour	ond from the	couses stated
22h. 51Gry4	URE 1/		//	1/	DEGREE				22c DATE	
()	my K	anam	ches	UI	H D ATTER	NDING SICIAN M	MEDICAL STAF	F IAN 🗍	4-	26-8
22d. PHYSIC	AN NAME (TYPE	OR PRINT)			22e ADDRESS					
Dn 1	∕liguel K	anacuso	hanek	MD	300 5	= 00	and St	alto		
	ATION REMOVA				EMETERY OR CREA		Brd St., E	allu	, MD	
(SPECIFY)	,	4/30	101				CITY OR TOWN		COUNTY	STATE
Bur 24 FUNERAL DIRE					Mount	750 DATE	REC'D. BY REGISTRAR	Wh REGISTI	PAPIS SIGNAT	
	CTOR Henry					ARR			4dson-17	
1005 Va	k Road	Ralto	AAD	0101	0	HIGH	0 0 1304		- 1	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGISNE -

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4		40		

1 -	STATE REGISTRAR		DET AIN	CERTIF	ICATE OF DEATH	REG. NO	ο.		
	CEASED NAME FIRST Mari	- 0	L.	C	ashen	20. DATE OF DEATH	MONTH DAY	VEAR 84	26 HOUR 11: 06 AM
3. SE)	female	1. RACE Bla		5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS HOURS MIN.
(RTHPLACE STATE OR FOREIGN		WHAT COUNTRY	MARRIE	D DIVORCED		more (ity	MD
	Baltmore	Sinai	Hospita	T ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemaker	F WORKING LIFE)	Home Home	F BUSINESS OR
USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		13c. CITY OR TO		YES NO	13. STREET ADDRESS			
14 FA	ATHER'S NAME FIRST Luther	MIDDLE	Taylor		15. MOTHER'S MAIDEN NAM	AIDDLE		Birds	ong
	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	215 28		17. INFORMANT Rev. Joseph H.		553306 W altimor		rison Av . 21215
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per D BY: TE CAUSE (a)	Cardi	nd (c).)	war collar	ose .		APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
	4100 Conditions, if ony, which		R AS A CONSEQU		PRIOR WALL)				Baril
	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, O	RAS A CONSEQUE	JENCE OF					
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 110	
CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	alm .	OF INJURY M. MONTH I M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	22a. I certify that (I) (this hosping saw the deceased alive on above, (I) (we) (did) (did no	41/	19	84.	nd that in (my) (our) opinion d	leoth occurred on the d	, 19_ ate and hour an		that (I) (we) last couses stated
	22b. SIGNATURE	and			DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S	4/84
	22d. PHYSICIAN'S NAME (TYPE C		20		220. ADDRESS Belied	Pere & Gree	enspring	Ave	
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 4/9/1			Lon Cemetery	23d. LOCATION CITY OF TOWN Baltimore		YTHUC	aryland

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

MPORTANT: If hem 21 is morked or Hom 18 showsony

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or offending physician.

(SPECIFY) Burial 4/9/1984 Mount Zion Cemetery
74 FÜNERAL DIRECTOR Nutter & Sons Funeral Home Inc. 250 I
250 I Gwynns Falls Pkwy. Baltimore, Md. 21216

REGISTRAR 250 REGISTRAR SSIGNATURE

Sinni Rosiitel Home Home and making a see a Toylor Nory Services live Bev. Jose o 1. Cashen Beltimoso, Md. 2121 rin1 /7/ a r.t _ .. ter, _ .. tir.o .. Frlank . The state of land a rough and . 2501 grant Fella Bory, Bulticore, W. 21216

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	2	4

completely filled in by the funeral of 1 and 2 should be filed within 72 h

rs. Poges 1

should be detoched for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

MPORTANT: If Item 21 is morked or Item 18 shows ony

injury, or other troumotic event, the medical

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE

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U	7	O	60	0

REGISTRAR		CERTIFICATE OF	DEATH	REG. N	١٥.			
I. DECEASED NAME FIRST (NPE OR PRINT)	William	Celan	D	20 DATE OF DEATH	4	984 984	9 2	8 _{PM}
3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER	24 HR5
m	W	MONTH 28	62	2	YRS		HOURS	MIN.
COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	R MARRIED XX	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
Maryland	USA	WIDOWED	DIVORCED [Baltimor	e Cit	У		MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS)	ISTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST				
Baltimore	Good Samarita	n Hospital		Student		Airco	Tech	.Sch

Total Campon C			7		
	ING HOME OR OTHER INSTITUTION 13b COUNTY	GIVE RESIDENCE BEFORE ADMISSION) 13(. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CODE 2400 Pinewood	Ave. 21214
FATHER'S NAME FIRST Lonnie	WIDDIE	Celano	15. MOTHER'S MAIDEN NAM		Celaño
	IN U.S. ARMED FORCES? HIF YES, GIVE WAR OR DATES)	215-80=7080	Lonnie Celan	o 2400 Pinewood	Ave. 21214

PART 1. DEATH WAS CAUSED 8	one couse per line for (o), (b), and (c)) EAUSE (o)	niA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5860	DUE TO, OR AS A CONSEQUENCE OF				, ,
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b) DUE TO, OR AS A CONSEQUENCE OF				
	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	PART 110
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1	OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	2H LOCATION STREET	· CITY OR FO	wn (OUNTY STATE

19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	YES NO	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES \(\bigcap \) NO	ATH?			
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN (1EM 18 PART) OR PART 2)					
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	· CITY OR FOV	VN COUNTY	STATE		
22a. I certify that (I) (this haspital)		d that in (my) (our) opinion d	to	te and hour and from the courses			

above, (1) (we) (did) (did not) view the body after death

226 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

LAMOS, MD.

230 BURIAL, CREMATION, REMOVAL	23b. DATE	23t. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
Cremation	4-13-84	Westview Mem. Park	Baltimore COUNTY	MaryTan

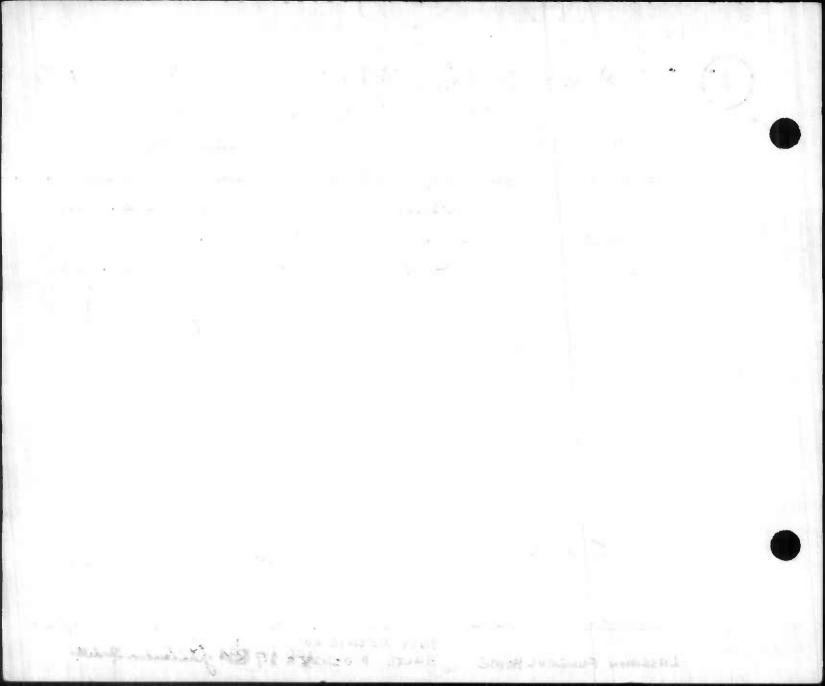
LASSIMH FUNERAL HOME (VRA 15, 4)

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: TO HOSPITAL OR ATTEN

17401 1 84LTO BELNIR BO 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



y filled in by the funeral direction of the should be filed within 72 hou

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

REGISTRAR		CERTIN	ICAIL OF DEATH	REG. NO).			
. DECEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH OAY	YEAR	2b. HO	
(TYPE OR PRINT) JUNE	RICH		CERALDI	A	PRIL 1	0 81	1	9 %
3. SEX	4. RACE	5. DATE C) DIK!!!	AGE (IN YEARS LAST BIRT	HDAY) IF UP	NDER TYEAR	-	R 24 HRS
FEMALE	WHITE	wort.	24 **27	56	YRS.	U.S. U.A.I.S	, nooks	I I
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8 MARRIE	NEVER MARRIED 7	BALTIMORE CITY OF		DEATH		
Maryland	U.S.A.	WIDOW		BABTIMOR	E CITY			ME
BATTIMORE	11. NAME OF HOSPITAL, NOT IN SUCH FACILITY, GIVEN			120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Clerk		NDUSTRY		400
USUAL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION, GIVE RESIDENCE					301 1	CICP	110110
Maryland 136 COL		imore	YES 🔀 NO 🗌	633 Brisba	zip CODE ine Road	1 21	229	
4 FATHER'S NAME FIRST Edward		Rich	15 MOTHER'S MAIDEN NAMI Hilda	E		C1a	ST	
		L SECURITY NO.	17. INFORMANT	ADDRE	22	Ola	Гу	
(YES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES!	20-9511	Louis J. Cera		orisbane	e Rd.	21	.229
							XIMATE INTI	FRVAL
PART I, DEATH WAS CAUS	only one cause per line for (a),			1		BETWEEN	ONSET AN	D DEATH
	ATE CAUSE (a)	+RDIOR	ESPIRATORY	ARREST				
1747								
	DUE TO, OR AS A CON	SEQUENCE OF A	LETASTATIC T	Ba= 10= 1	APRILLIA	n a .A		
Conditions, il any, which gove rise to immediate	(b)		TELYNIATIC F	PREAST C	MICIOU	ng-		
cause (a), stoting the	DUE TO, OR AS A CON	ISEQUENCE OF						
underlying cause last.								
PART O CTUER SICAUSIC AND	CONDITIONS CONTRIBUTION	IC TO DEATH BUT	NOT RELATED TO THE TERMIN	LAL DISEASE OR CONI	DITION CIVEN	DAD? I	10.0	
	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT KELATED TO THE TERMIN	NAL DISEASE OR CONL	JIIION GIVEN I	MEAKLE	0	
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	Tan CONDITION COD	ATHER OPERATION	ALLIAC DEDECTRACE	20g AUTOPSY?	120h IF YES, WI	EDE EINID	NICS HS	50
J 190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPST?	IN CERTIFYING			
<u>=</u>				YES NO	YES [1	NO	
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM ES PART I	OR PART 2)		
On CONTRACT CALLET OF D	EATH HOUR A.M. MONT	H DAY YEAR						
(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.M.	19						
WE EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM FEC.1	211. LOCATION STREET	CITY OR TO	WN	COUNTY		STATE
WHILE NOT WHILE AT WORK	(AI HOME, STREET, PACTORY,	OFFR, E. FARM, ETC)						
22a.1 certify that (+ (this has	pital) attended the deceased	from MI	FRCH 5 19 84	_, 10 APRI	K /U 19_	84	that the	(we) las
saw the deceased alive of above, (1) (we) (did) (did)	on APRIL / D	19_84.0	nd that in (my) (aux) opinion de	eath occurred on the do	ite and hour an			
22b. SIGNATURE			DEGREE			22c. DATE	ESIGNED)
Best of	morton		M.D ATTENDING PHYSICIAN	MEDICAL STAF				
224 PHYSICIAN'S NAME (TYPE	ORPRINT)		22e. ADDRESS					
BERT	E. Mona	7 11						
HEKL	1 10K1	010						
23a BURIAL, CREMATION, REMOVA (SPECIFY)			EMETERY OR CREMATORY	23d LOCATION	cc	YTAUC	Ma	STATE
Burial	4/14/84	Loudon	Park Cemetery	Baltimor	9		Mary	yran

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

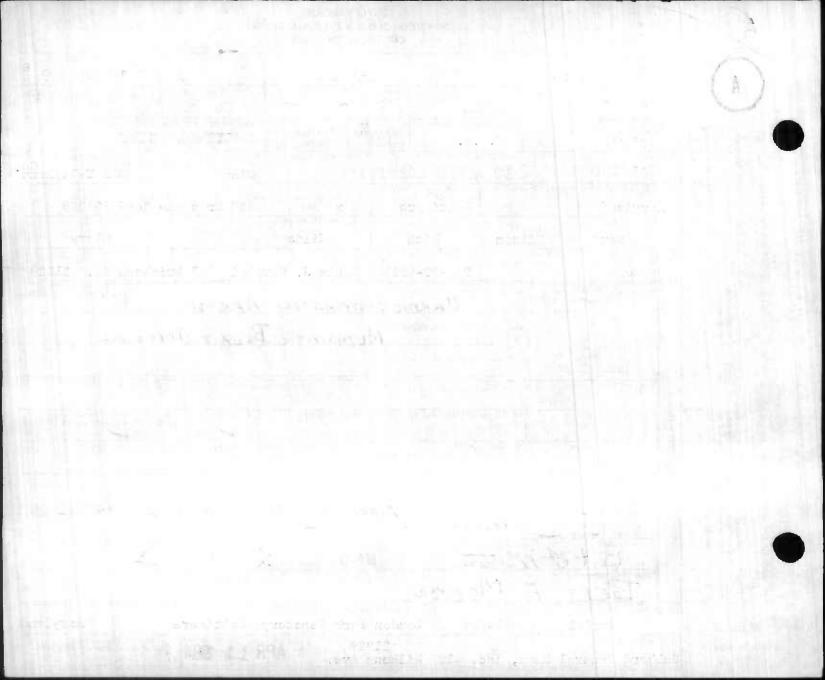
etained by the hospital or ottending physician.

injury, or other troumatic event, The

MPORTANT: If them 21 is marked or Item 18 shows any

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

APR 1 1 1884



21201	ANY DELAY IS NEC AND 3 TO THE FUN RETAIN PAGE 5 F HOULD BE FILED, W RECCRES, NOT W. P
ST., BALTIMORE, MD.	OURS AFTER DEATH. IS 18. GIVE PAGES 1, 2, 5. WITH FORM PM 3, MIT. PAGES 1 AND 2 5, E, DIVISION OF WITH
DS, 201 W. PRESTON	CCUTED WITHIN 24 H G". IN PENCIL IN ITEM AL EXAMINER ALON SURIAL - TRANSIT PEN AND MENTAL HYGIEN ATION, OR PEMOVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, IF ANY DELAY IS NEE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. 2. AND 310 THE FUN PAGE 5 FOR SHOULD BE PORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PORM PM. 3. RETAIN PAGE 5 FOR TO FUNDERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PRAMIT PAGES 1 AND 2 SHOULD BE THE WASTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
NIG	NEXAMINER: THIS CE HE CERTIFICATE, WRITH HOULD BE FORWARDE! AL DIRECTOR: PAGE 3 TH, WITH THE STATE DE MARYLAND, 21201 F.
	TO MEDIC EXECUTE THE PAGE 4 SH TO FUNER AFTER DEA BALTINORE

20M 4/82

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	EDICAL EVALUATER/C CEDEUR		0
MEDICAL	LEXAMINER'S	CERTIFICATE	OF DEATH

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DEG.	NO			

	1 - :	A RACE White S. DATE OF BIRTH Dec. 14, 1906 RTHPLACE (STATE OR PERON OF WHAT COUNTRY) TO REION COUNTRY) TO REION OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR COUNTRY) III. NAME OF HOSPITAL, NURSING HOME, OR COUNTRY III. NAME OF HOSPITAL, NURSING HOME, OR COUNTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISTRIBUTING OR COUNTRIBUTING OR COUNTRIBUTING OR COUNTRIBUTING CAUSE OF DEATH III. CAUSE OF OPERATION III. CAUSE				-		REG. 1	9 0	3 (3						
	(TYPE		WALTE		WIDDLE		CER	VENK#			OF DEATH	KNOWN S ESTI- MATED	MONTH	20-849			
			White	Dec. 14,		YRS	MONTHS		HOURS	MIN	2c. DATE PRONOUN DEAD			DAY YE	10		
7	70 BIF	THPLACE (S' Zech.	TATE OR		HAT COUN		MARRIE		VER MARE	RIED			orcoun re Ci	nyofdeath ty			
0	В	altimor	e	Good Sam	arita	n Hospi	tal	R INSTITU	NOIT	Ret.	ACST OCCU	hanic	YPE OF WORK	Auto	BUSINE		
5	JSUA 30. S1	Md.						3d INSIDE C	ITY LIMITS?	13:56	4 ABORE	fair	Road	20	76		
0	14 FA			MIDDLE Cer	venka	LAST			gnes	EN NAME	M	IDDLE		LAST			
		S. NO. OR UNKNO						7. INFORM		laide	Cerv	ADDRE:	S ^A me				
	NO	cause (a) lying cau	stating the <u>under</u> ise last.	DUE TO, OR	AS A CON	ISEQUENCE OF		DR CONDITIO	N GIVEN IN P	ART 1 (8							
3	IFICATION	IFICATION	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPERA	TION WA	S PERFOR	MED?					20 AUTOP	
3	CAL CER	UNDERLYING	OR	HOUR A.A	M. MONTH		21c HO	W INJURY	OCCURR	ED LENTER H	NATURE OF IN.	JURY IN ITEM I	18 PART I OR P.	ART 2)			
	MEDICAL						21f. LOC STI	ATION			CITY OR TO	WH	cc	DUNTY	5		
2		ACTUAL SIGNATURE	ed fram: Natur	al causes X,	Accident Ne v	, Suici	M.c	Hamid	Inspection in the Inspection i	Undete	Inquiry ermined mo	anner	and in my a , DATE SIGN	4-2	I <i>-</i> 84		
	30.BL	RIAL, CREMA	TION, REMOVAL	3b DATE Apr. 24,19	84 L	orraine	Par	CREMATO	ORY		drawn	I	Balto	Md	STATE		
,		INERAL DIREC	TOR	k Inc. *Ba					250. DATE	REC'D. BY		R 25b REC		SIGNATURE	_		

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Linuagel J. Unckelpe. deligioner, profession

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENEO 4	0 9	3	3
	CEASED NAME FIRST OR PRINT)	100	MIDDLE	Į,	AST	20. DATE OF DEATH	MONTH DAY	YEAR	7h HOUR 20
	WILLI	AM Beni	nett	CHZ	AIRS	April I		-	8 AM
1. SEX		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BE	RTHDAY) IF L	INDER I YEAR	IF UNDER 24 HRS
1	Male	White		Aug.		90	YRS.		
C	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8 MARRIEI	X NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
	aryland	U.S.		WIDOWE		BALTIMOR			MD.
III. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING H FACILITY, GIVE STREET AL		OR OTHER INSTITUTION	17a USUAL OCCUPAT	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
140	LTIMORE		ION MEMOR		HOSPITAL	Bus Opera	ator		Employe
13a S	TATE NO PRESIDENCE (IF NURSING HONE COU TATE NO PROPERTY A	ROTHER INSTITUTION, NTY A	Pasaden:		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4773 Mour	/ZIP CODE	(2112 Rd.(M	22) It.Carme
_	THER'S NAME			-	15. MOTHER'S MAIDEN NA	ME			
W:	illiam	H.	Chai	rs	Millicen			C	ook
		RMED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT (S	on) ADDR	RESS 207E	Me1	rose Av
	NO	////	217/32/8	3418	Mr. Willia	m M. Chai	rs Bal		
	18 CAUSE OF DEATH (Enter of	nly one couse per	line for (a), (b), and	(c).)				SETWEEN C	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	alskein	ner	alse aso	٠		Fure	years
	3.310		R AS A CONSEQUEN	NCE OF					/
	Conditions, if ony, which	((b)_							
	gove rise to immediate couse (a), stating the	DUE TO, OI	R AS A CONSEQUEN	NCE OF		1000000			
	underlying cause lost (c)								
_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
ě									
CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	YES NO	70b. IF YES, W IN CERTIFYIN YES [IG CAUSES	
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			YEAR	71c HOW INJURY OCCURE	RED (ENTER NATURE OF INS	URY IN ITEM 18 PART	T OR PART 2)	
CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		м.	19					
MEDICAL	21d. INJURY OCCURRED	71e. PLACE (OF INJURY REET, FACTORY, OFFICE, FAI	RM, ETC.)	71f LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
2	AT WORK NOT WHILE AT WORK								
	270.1 certify that (1) (this has	0 4 1		nau		to april			that (1) (we) last
	saw the deceased alive a above, (1) (we) (did) (did n	ot) view the body	ofter death.	, on	nd that in (my) (our) apinion (death occurred on the c	date and hour or	nd from the	couses stated
	27b. SIGNATURE		A		DEGREE			22c DATE	SIGNED
	m. Isabell	zmac	grego	2	ATTENDING PHYSICIAN	MEDICAL STA		4.12	2.84
		OR PRINT)			27e ADDRESS				
	M. 15 ABELL	EMA	CGREGO	R	TI E-CHAST	E STREET	BALTI	MORE	-, 17)
23a B	URIAL, CREMATION, REMOVA	1200777	+ 9		EMETERY OR CREMATORY	Pasadel	25	OLIMITY	STAMd
24.5	Buria1	1984	Mt	Car	mel Ch. Cem		6. 4.	RFD	
	INERAL DIRECTOR	13-0	ADDRESS ADDRESS	D.	1.00	e REC'D. BY REGISTRAL	ALTON KE CHENNA	CHENNA	ONE
-	Singleton Fu	neral H	iome Gre	u Bu	rnie, Md APR	1 130-1			

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicans should be detached for use as the burial-transit permit. Then please remove carbonpapers may the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

ATTENDING PHYSICIAN: The low

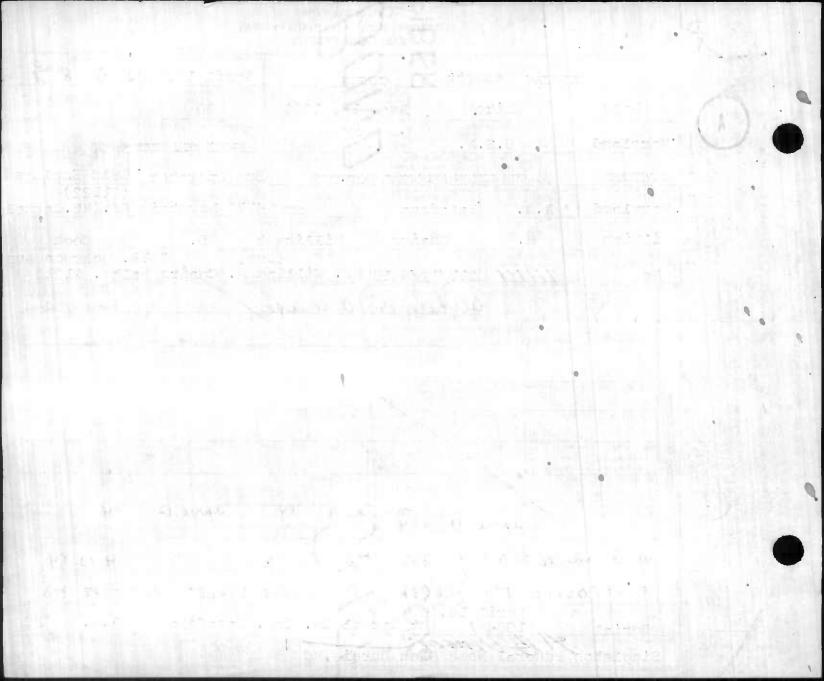
or attending physician.

etained by the haspital TO HOSPITAL OR

BP.

injury, ar ather traumatic event,

IMPORTANT: If Item 21 is marked or Item 18 shaws



1	FOR STATE REGIS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ü	9	3	3	2

REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.		
1. DECEASED NAME FIRST		MIDDLE	ı	AST	2a. DATE OF I	DEATH MONTH	DAY YEAR	26 HOUR A
(TYPE OR PRINT)	DTE	М.	CHAM	IBERS	APRI	L 4, 198	34	12:20
3. SEX	4. RACE		5. DATE C		6. AGE (IN YEA	ARS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS HOURS MIN.
/ Female	White		June	1 1000		74 YRS	MONINS DATS	HOURS MIN.
10. BIRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	2		9. BALTIMOR	E CITY OR COUNT	Y OF DEATH	
West Virginia	USA			D NEVER MARRIED	The second secon	TIMORE O		
10. CITY OR TOWN OF DEATH		HOSPITAL NURSIN	WIDOWE	DR OTHER INSTITUTION	12a USUAL O	CCUPATION	12b, KIND C	OF BUSINESS OR
BALTIMORE	THE	öhns Höl	KINS		-	for most of working i Mstress	LIFE) INDUSTRY	king Co.
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e. STREET A	DDRESS	20	000
	Berkeley	Martinsh	ourg	YES XX NO	410 1	Porter Av	enue 17	999
14. FATHER'S NAME	MADDIS.	tAST		15. MOTHER'S MAIDEN NA	AWE	WIDDLE		
Oscar	MIDDLE	Fowler		Mazie		WIDDLE	Linto	on
160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	-	ADDRESS		
(YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	234-01-7	7381	Mrs. Darlene	Henry		Union Av	
Conditions, if ony, which gove rise to immediote cause (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	(c)T CONDITIONS <u>C</u>	OR AS A CONSEQUE	DEATH BUT		MINAL DISEASE	or condition G		
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOR	IN CERT	ES, WERE FINDIN TIFYING CAUSES YES []	
an an an annual and an an an an	DEATH HOUR A	DF INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATE	JRE OF INJURY IN ITEM 18	PART T OR PART 2)	
OR CONTRIBUTING CAUSE OF IF EITHER, NOTIFY MEDICAL EXAMI 216. INJURY OCCURRED AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
22s.1 cartify that (I) (this has yow the deceased alive obove, II) (we (idid) idid 22h. S15 NATURE	on 414	19_	1	nd that in (my) our opinion DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		
22d PHYSICIAN'S NAME ITY	REIFEL	D		JOHNS HOPK	17	water we will be	ALTO.	21205
230 BURIAL, CREMATION, REMOV		23c.1	NAME OF C	EMETERY OR CREMATORY	23d LOCAT	TION	COUNTY	-2

DHMH - 16 50M 4/82

(VRA 15, 4)

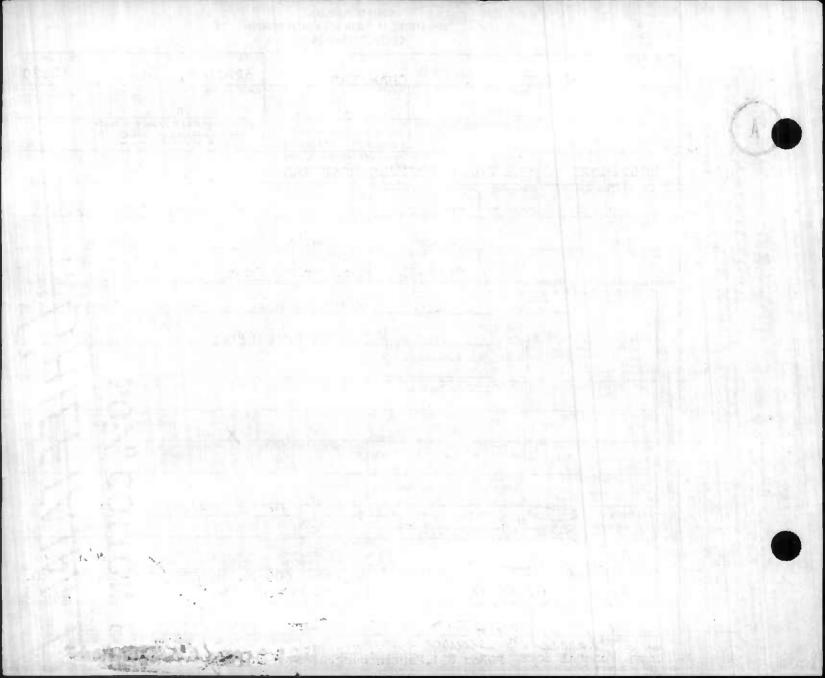
Apr. 7,1984

Rosedale Cemetery

Martinsburg

Berkeley

24 FUNERAL DIRECTOR SULLA //
Brown Funeral Home POBox 821, Martinsburg, WV



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the build-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, the

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

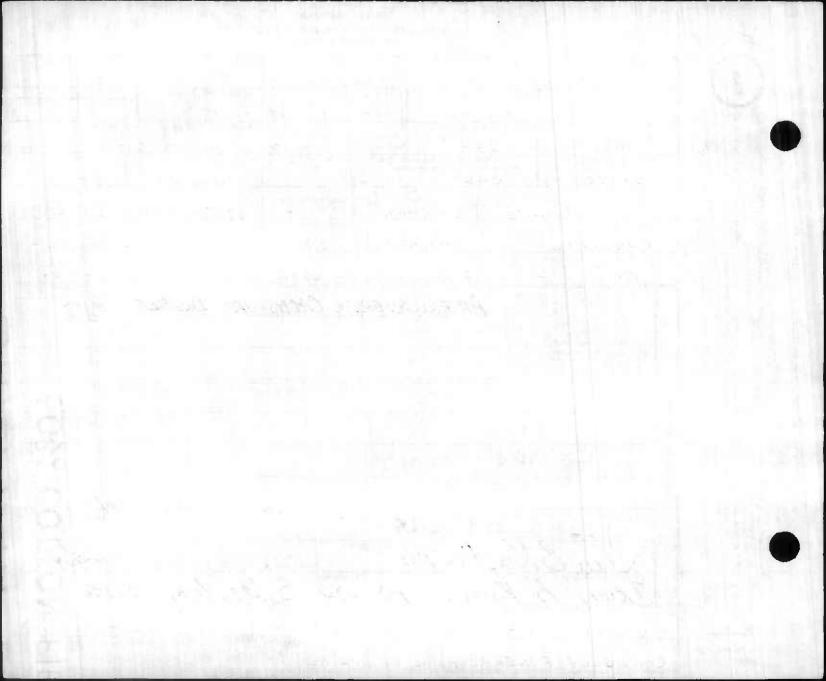
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ı	1-	FOR STATE REGISTRAR	DEPAR		TH AND MENTAL HYGI ATE OF DEATH	REG. N	0 9	0 0	3
Ī		CEASED NAME FIRST	WIDDLE	LAST			MONTH DAY	YEAR 2b	HOUR
ı	(TYPE	CHARLES	S.	CHI	aNEY	A	PR 6	84	м
h	3. SEX		RACE	5. DATE OF B		6. AGE (IN YEARS LAST BIR	THDAY) IF UP	DER TYEAR IF U	NDER 24 HRS
ı	1	mni-	1.111.75	MONTH	17 1908	75	MONT	HS DAYS HO	JRS MIN
ł	7a. 811	RTHPLACE ISTATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY			9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	C	OUNTRY)		MARRIED L		00.		v1.1	
1	in Ci	TY OR TOWN OF DEATH	USA. NAME OF HOSPITAL, NURS	WIDOWED [DIVORCED THER INSTITUTION	120 USUAL OCCUPATI	ON 1	2b. KIND OF BU	MD.
	/	BALTO	11 NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	osp.	PLUMB	F WORKING LIFE)	NDUSTRY	
1	USUA 130. S	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION) WN 1136	LINSIDE CITY LIMITS?	13e STREET ADDRESS			
		mb. BAL			ES NO		CKSON	RD.	21222
P	N FA	THER'S NAME	IDDLE LAST	15.	MOTHER'S MAIDEN NAM	MIDDLE		1457	
V		BENJAMIN	CHAN	JEY	INA	MIDDLE	KA	LDENB	ACH
t		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SEC		INFORMANT	ADDR		>.	1777
1	(4	res, no or unknown) (IF YES, GIVE	WAR OR DATES) 212-13	2-2371	BARBARA	DAVIS 1	903 JA	APPROXIMATE BETWEEN ONSE	RD.
		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)	UENCE OF	TIC CALLO -		DITION GIVEN I	BY IS	
-	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION V	VAS PERFORMED	200 AUTOPSY? 20b. IF YES, V IN CERTIFYIN		WERE FINDINGS USED ING CAUSES OF DEATH?	
1	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 2	It. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T	OR PART 2)	
1	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
ı	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		f. LOCATION				
	ш.	• • • • • • • • • • • • • • • • • • • •	CAT MOVE CEREEL EVELOUS OFFICE	CARLA STE 1	STREET	CITY OR TO	WN.	COUNTY	STATE
1	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR TO	WN.	COUNTY	STATE
	WE	WHILE NOT WHILE AT WORK The leastly that (I) (this hospital than the deceased alive an abave, [I] (C) (a.d) (did not)	al) ottended the deceased from	ond t	STREET 259 hot in (my) (our) opinion of	2 · 10	19	that d fram the cays	(I) (we) lost
	WE	WHILE AT WORK NOT WHILE AT WORK I settly that (I) (this hospital deceased alive an abave, J) ((a) (did not)	view the advanter death.	DEC	had in (my) (our) opinion of GREE ATTENDING PHYSICIAN	2 · 10	19_ ote and hour and	See that	(1) (we) lost
		WHILE AT WORK NOT WHILE AT WORK The state of the total (I) (this hospito obove, I) (CO) (Rd) (did not the state of the s	view II Ady after death. PRINT! KAPLAN	DEC 10 12:	ATTENDING PHYSICIAN RADDRESS	MEDICAL STA	19_ ote and hour and	that d fram the cays	(I) (we) lost
	23a. 8	WHILE AT WORK NOT WHILE AT WORK I settly that (I) (this hospital deceased alive an abave, J) ((a) (did not)	view II Ady after death. PRINT! KAPLAN	DEC 10 12:	STREET And in (my) (our) opinion of GREE ATTENDING PHYSICIAN PHY	to	ote and hour and	that d from the copy the Day Alexander	(I) (we) lost

DHMH - 16 50M 4/B2 (VRA 15, 4)

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etained by the haspital or attending physician



FOR STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

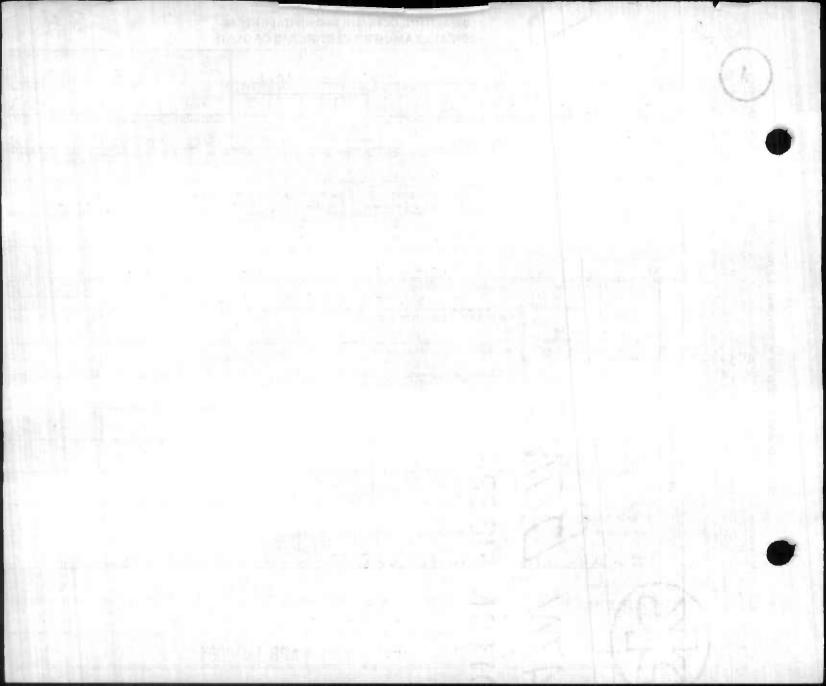
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO.

34

	CEASED NAM	AE FIRST		WIDDLE		LAST			20. DATE KNOWN	HTMOM XX N	DAY	YEAR	26 HOUR
,	CONTRICTO	Frank			Cha	pman	Jr.		DEATH MATED	0 4-	-13	19 84	1
3. SE)	K	4 RACE	5. DATE OF BIRTH		E (IN YEARS IF	UNDER 1 YR.	IF UNDER		2c. DATE	HTMOM	DAY	YEAR	2d HOU
M	ale	Black	11 2	54 2		NTHS: DAYS	HOURS	MIN	PRONOUNCED DE AD	4.	-13	19 84	11:0
70 B1	RTHPLACE (STATE OR	76. CITIZEN OF WH		1	RRIED NI		UED TEP	9 BALTIMORE CI	TY OR COUN			
	aryla		U.S.A	Δ		OWED	DIVORO		Baltimo	re Cita	7		
ID. CI	ITY OR TOWN	OF DEATH	11. NAME OF HOSE					12a USU	JAL OCCUPATION	(TYPE OF WORK	126 KIN	ND OF BU	
B	altimo	re	Unive	INITY, GIVE STREET A	1			FOR	MOST OF WORKING LIFE)		OR	RINDUSTE	RY
	AL RESIDENCE	(IF IN NURSING HOME I	OR OTHER INSTITUTION, GIV	13c. CITY OR T		lina incine	CITY LIMITS?	Ina STD	EET ADDRESS				
	arvla				imore	YES				on St	2	1222	1
_	ATHER'S NAM				IMOTE	15 MOTH	IER'S MAID	16/6		OIL DC			,
	FIRST		MIDDLE	Ch a man			FIRST		MIDDLE	Т.		LAST	
	Frank	ED EVER IN U.S. AR	MED FORCES?	Chapm 166 SOCIALS		17. INFOR	th	-	ADDI		nes		
{Y	ES, NO, OR UNKN		WAR OR DATES)										
	NO			1212 - 6	0-9442	Ang	el P	arks	4518	Manor			
	18 CAUSE O	OF DEATH (Enter on EATH WAS CAUSE	nly ane cause per line t			. C 21 1			· · · · · · · · · · · · · · · · · · ·			PPROXIMATE WEFN ONSET	E INTERVAL T AND DEATH
	O		TE CAUSE (a)	Gunshot	wound	oi Aba	omen		(unspecif	1ea)			
	76	54		AS A CONSEQU	JENCE OF								
		ans, if any, which											
		rise to immediate a) stating the under-		15 1 5 00 155 01	IFA ICE OF								
	lying ca		DUE TO, OR	AS A CONSEQU	JENCE OF								
			(c)										
	PART 2 OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL DIS	EASE DR CONDITIE	DN GIVEN IN PA	ART 1 (a).					
NO	1.5200												
N E	190. DATE O	FOPERATION	196. CONDIT	ION FOR WHIC	H OPERATION	WAS PERFO	RMED?				20 A	UTOPSY?	,
CERTIFICATI	160		4.7								· ·	YES 🔯	NO 🗆
- 12	21a. EXTERN	AL CAUSE WAS	216 TIME OF	INJURY	210	HOW INJUR	Y OCCURRI	FD (ENTER)	NATURE OF INJURY IN ITE	M 18 PART 1 OR P		ro M	140
	UNDERLYIN	G X OR	DEATH 3:45 M.	MONTH DAY	YEAR								
MEDICAL						subject	t was	shot					
8	21d INJURY		21e PLACE O	OF INJURY (AT	HOME. 211.	STREET			CITY OR TOWN	ce	UNTY		STATE
1 2	AT WORK	AT WORK	build		300		Fave	tte S	St.,Balto		0.411		31216
	22. 1				11 4.	apsy XX					-		
			ge of the remainstance			The state of the s		on 🔲,		and in my a	pinian		
	death resul	Technoun Martu	ral coutes 14	Acident	Suicide L	, Ham	icideXX	Undet	ermined manner				
	acress .	10000	M	1	MX	TITLE (SPECIFY)	_		DATE		4-13-	_01
1	SIGNATURE	Menn	up //	win	ary	M.D. ASS	istan	MED	ICAL EXAMINER	DATE		4-13	-04
			0	//									
1	(TYPE OR PR	INT) Der	nis F. Sm	yth, M.	D	_ADDRESS.	1	11 Pe	enn Stree	t			
23a.B	URIAL, CREMA	ATION, REMOVAL		23c. NAME	OF CEMETERY		ORY		CATION	COL			
(5	BURI	AL	4/17/84	Mou	nt Aub	urn C	em,	Ba	Itimore	,	MIX	Ň	ľå.
	UNERAL DIRE			1					REGISTRAR 256. F		SIGNATI	URE	
Wm	C Ma	rch F/H	Inc. ADDRESS	01 E N	orth A	venue		76	109/	in Arrive	1-1	indui3	1
177 611	V III	/ 11					MIL	E U	DUT /				page 1

DHMH - 17 (VR A15 ME (5)) 20M 4/82



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

0	9	3	-7	200
	,	C	a	W

ı		REGISTRAN		CERTIF	ICATE OF DEAT	Н	REG. NO			
Ì		EASED NAME PHILI	MIDDLE	CHA	AST AST	20	DATE OF PEATH IN	RONTH DAY	YEAR	26 HOUR
ŀ	I. SEX	2000	4. RACE	5. DATE/C	SPUMO.		AGE HIN YEARS LAST BIRTH	IDAY) IF U	NDER TYEAR	IF UNDER 24 HRS
J	/	MALE	Negro	MONTH	DAY Y	10/	82		THS DAYS	HOURS MIN.
1	Tu. BIR	CHIPLAC BALTO : TOM MD	76. CITIZEN OF WHAT COU	NTRY? 8. MARRIE	NEVER MARRI	ED 1	BALTIMORE CITY OR		DEATH	
4	16 7 17	IV OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWE			usual occupation	N I	125 KIND C	OF BUSINESS OR
ł	B	x1/f0	(IF DOT IN SUCH FACILITY, GIV	PS REET ADDRESS)	, FBA/		LETINED		INDUSTRY	N BOOM LESS ON
	13a. S	L RESIDENCE HE WIRSING HOME OR TATE			13d INSIDE CITY LIV YES NO		STREET ADDRESS Y	ZIP CODE	210	Ave.
4	LEA	THER'S NAME	WIDDIE CHVI	PMAN	15. MOTHER'S MAIL	DENNAME	WIDDLE		LAS	ST
t		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT		ADDRES	S		
Į	[4]	ES, NO OR UNKNOWN) (IF YES, GIVE	216 -	12-7453	HILDA CHA	PMAN	3449 COTTA	GE AVE		
I		18 CAUSE OF DEATH Enter onl PART I. DEATH WAS CAUSED	BY:	(b), and (c).)	e An	ost.		9-5-5-123	BETWEEN	ONSET AND DEATH
I		4/00 IMMEDIATE	E CAUSE (a) DUE TO, OR AS A CON	SEQUENCE OF	1	77	(1			
ı		Canditians, if any, which		LYOCAL	2DIAL	IN	tan tro	٥,		
١		couse (a), stating the underlying couse lost.	DUE TO, OR AS A COM	SEQUENCE OF	ilarie,	Sh	och.			
١		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO T	HE TERMINA	AL DISEASE OR COND	ITION GIVEN	IN PART 1	0,
4	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	IN WAS PERFORMED		20a AUTOPSY?	20h IF YES, W		
	TIFIC						YES NO	IN CERTIFYIN		NO [
1	11000	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJURY	IN ITEM TO PART	ORPART 2)	
1	WEDICAL	LIF EITHER, NOTIFY MEDICAL EXAMINER		19	211. LOCATION				127	
1	MED	21d INJURY OCCURRED	21e PLACE OF INJURY	OFFICE, FARM, ETC.)	STREET		CITY OR TOW	N	COUNTY	STATE
ı		27s I certify that (II this bospit	all attended the deceased	from . A	11/	84	10 4/12	10	84	that (I) (we) lost
1	10	saw the deceased alive on above 40 (we) (did) (did not	4/12	19 84	nd that in (my) (our)	apinion dec	oth occurred on the do	te and hour an		
1		77h SIGNAPORE	I view the body after death.		DEGREE				The DATE	SIGNED/
		80 ten	red K	4	ATTEN PHYSI	DING CIAN [] [MEDICAL STAF		14	12/04
		224 PHYSICIANS NAME ITHEO	00 7	11 00	22e. ADDRESS		Anh	1.	201	11
4	-	- E EIXW 191	US FICH	Ta number	SCO.	ATONY	23d LOCATION	10	14/8	01
	230. B	SPECIAL CREMATION, REMOVAL	23b. DATE 4/17/84	ARRITIK	MFM DK	ATORY	RAL TO I	/h	OUNTY	STATE
	24 FU	INERAL DIRECTOR	1, 1, 0,	MORESS	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	250 DATE R	ECD BY REGISTEAR	STATE GISTRA		
	LE	ROY U. DYETT 46	00 LIBERTY HO	STS. AVE.		Art	1 1 0 1904	1 condition	0 (4000) 0-	1

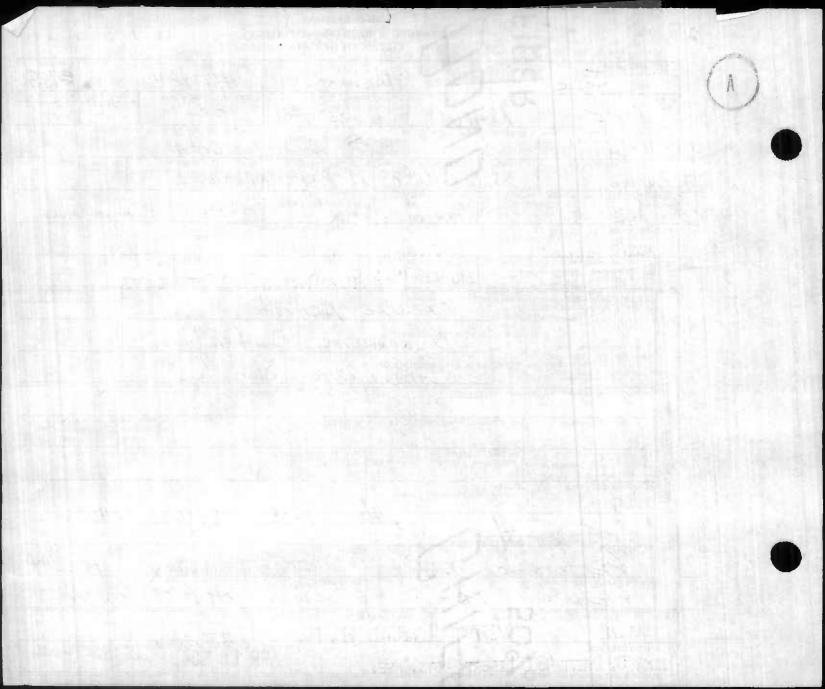
DHMH - 16 50M 4/83 (VRA 15, 4)

TD FUNESAL DIRECTOR After this certificate from thould be detached for use on the businel transity pre-with the State Dept. of Health and Marked Pryglette.

IMPORTANT, if hem 21 is morked or hem 18 abo

ATTENDING PHYSICIAN The

TO HOSPITAL OR ATTENDING PHYSICIAN INTRINGED IN INTRINGED BY INTERPOLATION OF OTTENDING PHYSICIAN INTERPOLATION OF OTTENDI



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REC	G. NO.	x 0 0	0
	CEASED NAME FIRST		izabe t h	CH	ASR	20. DATE OF DEAT	H MONTH	7 84 26 H	OUR S
1. SE		1. RACE		5. DATE O		6. AGE (IN YEARS LAS	ST BIRTHDAY) YRS.	MONTHS DAYS HOU	IDER 24 HRS
7a. Bi	Maryland		WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	Y OF DEATH	MD.
_	Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A	G HOME (OR OTHER INSTITUTION	120. USUAL OCCUP TYPE OF WORK FOR MO Catering	OST OF WORKING LI		ployed
130 S	AL RESIDENCE (IF NURSING HOME O STATE 136. COU	ROTHER INSTITUTION. NTY	GIVE RESIDENCE BEFORE	ADMISSION)	134. INSIDE CITY LIMITS?	130 STREET ADDRE	SALL A	MAII R	oAd
16a. V	ATHER'S NAME FIRST LEVÍ VAS DECEASED EVER IN U.S. AI VES, NO OR UNKNOWN) (IF YES, GI	MIDDLE RMED FORCES? VE WAR OR DATES)	Chase 166 SOCIAL SECTION 219-30-9		15. MOTHER'S MAIDEN NA FIRST Vida 17. INFORMANT LOUISE C	AC	DDRESS	Turley 7 My hope	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), storting the underlying couse lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION	(c) CONDITIONS <u>C</u> (NCE OF		MINAL DISEASE OR C	20b. IF YE	VEN IN PART TO S, WERE FINDINGS U FYING CAUSES OF D	
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.	DFINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	YES NO] YE	ES NO	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	220. I certify that (I) (this hosp sow the deceosed olive or above, (I) (we) idid) (did not	e W	17 19 5		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 270. ADDRESS 5. WA;		STAFF		
23o. E	BURIAL, CREMATION, REMOVA	L 23b. DATE	122. 1	IAAAE OE C	EMETERY OR CREMATORY	123d LOCATION	10/1	1111010	

BP DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fi should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSKIAN: The low requires that the death certificate be retained by the hospital or attending physician.

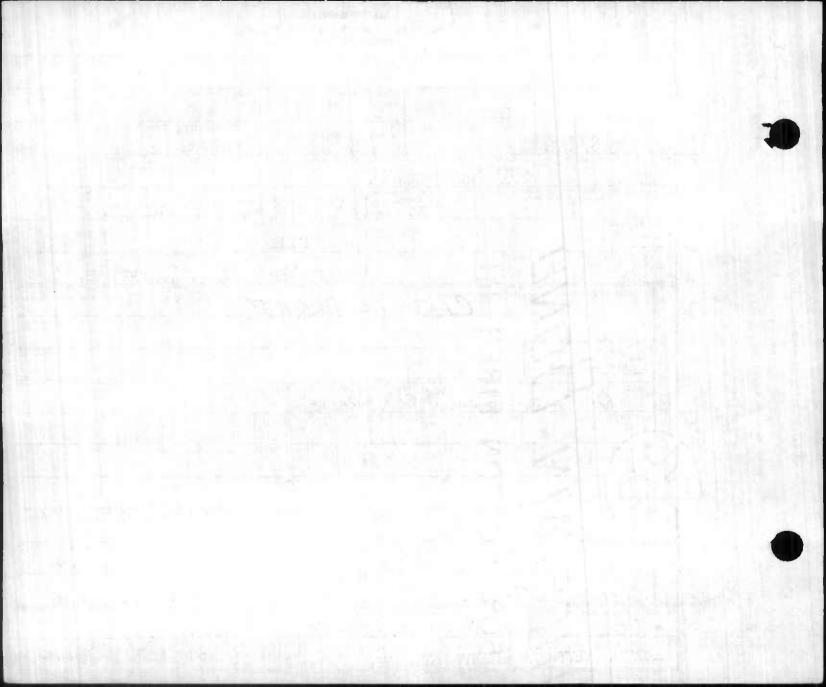
injury, or other troumotic event, the medical exemi

IMPORTANT: If them 21 is morked or them 18 shows ony

rdodes EIX S 1215 F12/12 O44280 4601 PALL MALL ROAD 04/13/84 A LEBSON ter John ner I be Inc. CHASE HARY Ellanne Ella Esc. withors, M. 2116

	T.	4	
		Page	
J	b	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4.	
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		OR	retained by the hospital or ottending physicion.
		PITAL	by t
		HOS	paul
		0	reto

0		Ŀ	FOR STATE REGISTRAR		CERTIF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO		3	3 /	
(ET)	3		CEASED NAME FIRST	WIDDLE	ı	CHERRY	20. DATE OF DEATH	4 23	84	2b HOUR	
4 ma for, pa		3. SE		RACE		OF BIRTH	& AGE (IN YEARS LAST BIRT	HDAY) IF U	VDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
Page	11		FEMALE RTHPLACE (STATE OR FOREIGN 7)	BLACK b. CITIZEN OF WHAT COUNTRY?	~9 ¹	26° UI	82 9 BALTIMORE CITY OF	YRS	DEATH		
frer death. I he funeral a within 72 h	of one	0	ESTER, S. CAR.	USA	WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE	COUNTYOR	DEATH	MD.	
by filed	()()	В	ALTO.	1. NAME OF HOSPITAL, NURSIN 551 STONN I NGTO		DR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		2b. KIND O NDUSTRY	F BUSINESS OR	
rthin 24 hour	25	130	AL RESIDENCE (IF NURSING HOME OR O TATE 13b, COUNT			134 INSIDE CITY LIMITS? 134 STREET ADDRESS VES X NO () ROBINHIL		HILL AV	LL AVE. 2/207		
completely	DU.	LOUIS		POAG LAST		PHILLIS	WIDDLE		LAST	Ţ	
e execut	dica		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE:		Λ		
ficate be obysicion popers. Pe	the m		IS CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), one	t (c).)	WILLIE CHERR	Y 2227 W. U.	ARRISON		MATE INTERVAL	
is that the death certified by the ottending please remove corboning.	ry, or other froumotic eve		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost		NCE OF	CHRRES		DITION GIVEN I	N PART I (c		
he low requor on. hos been si permit. The	shows any inju	CERTIFICATION	OR GANE 190 DATE OF OPERATION	196 CONDITION FOR WHICH	YNZ OPERATIO	YES NO		20b. IF YES, WE IN CERTIFYING	10b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO		
Hys Hys	Hem 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	12 Ib. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)		
HYS of his of hi	I Ked of I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE	
OR ATTENDING or hospital or DIRECTOR: A ached for use Dept. of Healt	21 ts mo		22a. I certify that (I) (this baspito sow the deceased alive on above, (I) (we) (da) (did not)	1) deceased from 19 dec	12 6 11	nd that in (my) (aut) opinion d	, to ANCO	le ond hour ond	,	that (1) (xe) last couses stated	
by the	ANI: # #en		276. SIGNATU F	Tole Me	62	DEGREE ATTENDING PHYSICIAN 220, ADDRESS	MEDICAL STAF	AN 🗍	6/1/	84	
ro Hospii retained by TO FUNER should be	A CAR		GIERRE	TAVER M.I	D.	600 LIGHT	TST. BA	LT. MD	.2/2	30	
BP		(BURIAL	1 100 101		JBURN CEM.	BALTO.	Mb. °°	UNTY	STATE	
DHMH - 16 50M 1/((VRA 15, 4)	31		ROY D. DYETT 460	O LIBERTY HGTS.		25g DATE		sh REGISTRAR	SSIGNATU	0	



executed within 24 hours

PHYSICIAN: The law requires that the death certificate be

attending physician.

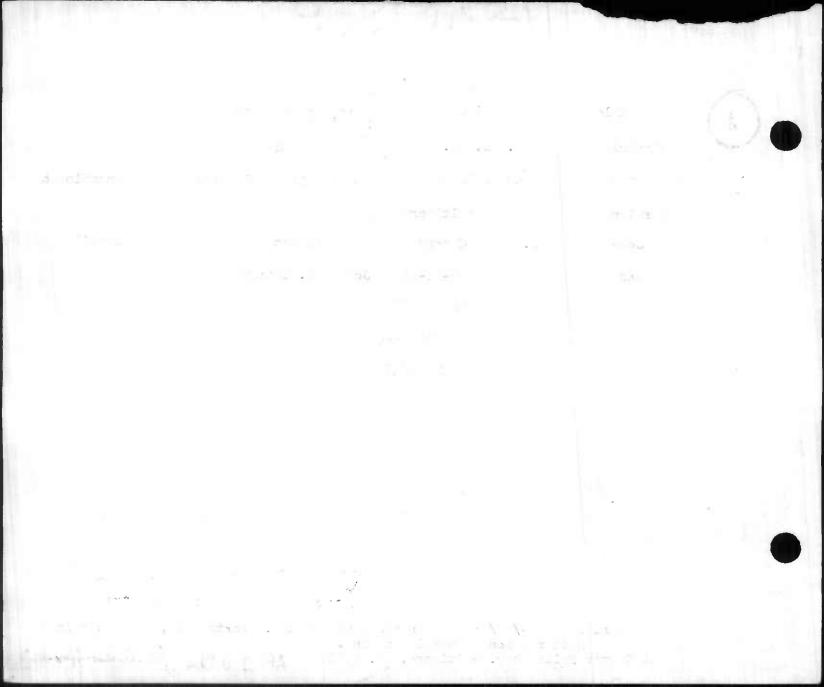
ATTENDING

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

	1. DE	CEASED NAME FIRST		MIDDLE	t	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	(TYPE	OR PRINT)	WOOD	DARNELL		CHERRY		4 1	4 84	2:40a
	3. SE		4 RACE	DAKNEED	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	(HDAY) IF	UNDER TYEAR	IF UNDER 24
1		Male		Black	MONTH 8	13. 1953	30	YRS.	NTHS DAYS	HOURS
13		RTHPLACE (STATE OR FOREIGN COUNTRY)		F WHAT COUNTRY?	18	D NEVER MARRIED	9. BALTIMORE CITY O BALT IMORE	R COUNTY O	FDEATH	
13	10. CITY OR TOWN OF DEATH BALTIMORE		11. NAME OF	11. NAME OF HOSPITAL, NURSING H (# NOT IN SUCH PACILITY, GIVE STREET ADDRI VAMC 3900 LOCH RA		OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF		126 KIND OF BUSINES INDUSTRY Unemployed	
25		ALRESIDENCE IF NURS 10 CO			E ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / Unknown	ZIP CODE	0000	
30		THER'S NAME FIRST Joseph	MIDDLE P.	Cherry		15 MOTHER'S MAIDEN NAME FIRST Lillian	ME		Newe.	iı
medical		VAS DECEASED EVER IN U.S.			URITY NO.	Joseph P. Che	ADDRE	SS		
umotic e		0703	DUE TO,			BRAL EDEMA URE				
vs any injury, or ather traumatic ev	FICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, (b) DUE TO, (c) CONDITIONS	OR AS A CONSEQUE HEPATICOR AS A CONSEQUE HEPATIT	ENCE OF FAIL		20a AUTOPSY?	206. IF YES, V	WERE FINDIN	NGS USED OF DEATH
18 shows	AL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAU	DUE TO, DUE TO, CONDITIONS	OR AS A CONSEQUE HEPATIC OR AS A CONSEOU HEPATIT CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D	ENCE OF FAIL	URE	20a AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	WERE FINDING CAUSES	NGS USED
shows —	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE ERIHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING COURRED WHILE ALL WORK ALL WORK	DUE TO, 1b)	OR AS A CONSEQUE HEPATIC OR AS A CONSEQUE HEPATIT CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE.	ENCE OF FAIL	URE NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCURR 211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, V IN CERTIFY II YES IY IN ITEM IB PARI	WERE FINDING CAUSES 1 1 OR PART 2)	NGS USED OF DEATH NO
Hem 21 is morked or Hem 18 shows		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ILE ETHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOT WHILE NOT WHILE NOT WHILE NOT WHILE AND NOT WHILE TO SOME NOT WHILE NOT WHILE NOT WHILE TO NOT WHIL	DUE TO, (c) DUE TO, (c) 19b. CON 19b. CON 19b. CON 21b. TIME HOUR (AT HOME. 21c. PLAC (AT HOME. (A	OR AS A CONSEQUE HEPATIC OR AS A CONSEOUR HEPATIT CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE.	ENCE OF FAIL ENCE OF IS B DEATH BUT H OPERATIO AY YEAR 19 FARM.EIC) ADRII	URE I NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCUR! 211 LOCATION STREET 210 19 84 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	YES NO RED (ENTER NATURE OF INJURE O	20b. IF YES, VIN CERTIFY III YES IN CERTIFY III YES IN THE TENT IB PART	WERE FINDING CAUSES (OUNTY 84 224 224 224 224 224 224 224	NGS USED OF DEATH! NO STAI thoX(I) (we
Hem 21 is morked or Hem 18 shows	WEDICAL 230. 6	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINATIONS WHILE NOTIFY MEDICAL EXAMINATIONS WHILE NOTIFY MEDICAL EXAMINATIONS WHILE NOTIFY MEDICAL EXAMINATIONS 22a.1 certify that (1/2) (this has saw the deceased alive above (1/2) (we) (did) (did)	DUE TO, (c) DUE TO, (c) CONDITIONS 19b. CON 19b. C	OR AS A CONSEQUE HEPATIC OR AS A CONSEQUE HEPATIT CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE, the deceased from 19 dy differ death.	ENCE OF FAIL ENCE OF IS B DEATH BUT H OPERATIO AY YEAR 19 FARM ETC) APRIL 84	URE I NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCUR! 211 LOCATION STREET 210 19 84 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE CITY OR TO: , to APRIL 1 death occurred on the do	20b. IF YES, VIN CERTIFY III YES IV IN ITEM IB PARI MY IN ITEM IB PARI MY IN ITEM IB PARI A 19 EF IAN 2	WERE FINDING CAUSES (OUNTY 84 224 224 224 224 224 224 224	NGS USED OF DEATH! NO STAI thoX(I) (we

STATE OF MARYLAND

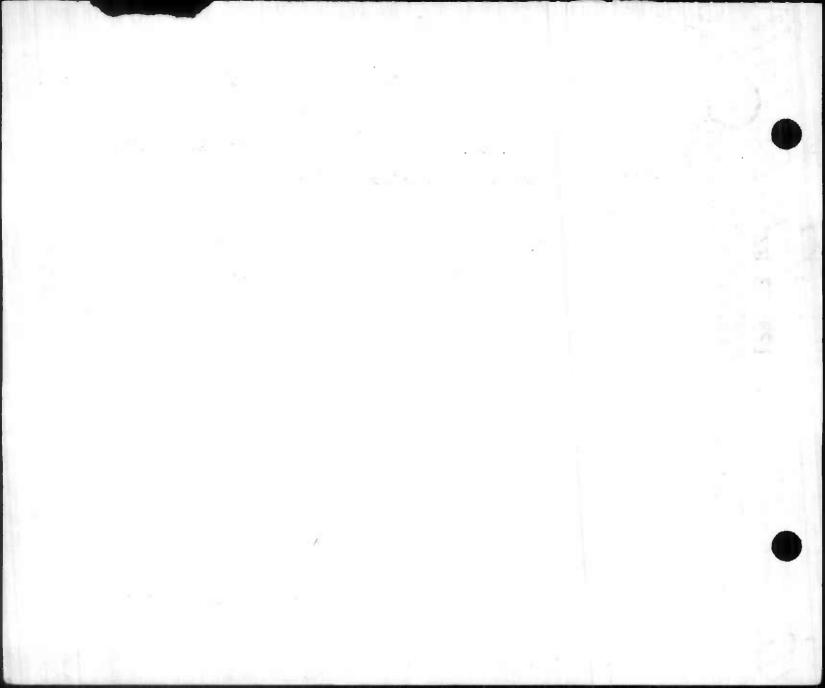
Item 13e per phone



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	FOR SYATE REGISTRAR		DEPART		EALTH AND MEI		IENE O 41	U	7 () 3 7
ł		EASED NAME FIRST	MID	DLE	- 1	AST		28. DATE OF DEATH	AONTH E	AY YEAR	2b. HOUR
1	ATTIFE C	Jos	eph A	Cheste	r Sr			04/07/84			7:55PM
ł	3. 5EX		4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIRTI	IDAY)	IF UNDER I YEAR	IF UNDER 74 HRS
ŀ		Male	R 1 .	0 1r	MONTH 3	4	14	7.0	- 1	ONTHS DAYS	HOURS MIN.
d	Ja. Bill	THPLACE I WATE OR FOREIGN	B1 a		8	10.00		9 BALTIMORE CITY OF	YRS.	OF DEATH	
4		SUMBERY.	II C		WIDOWE	NEVER MAI	RRIED '' RCED	Baltimo			MD
9	10 CIT	Carolina YOR TOWN OF DEATH	U.S.A	SPITAL, NURSIN		R OTHER INSTITU		120 USUAL OCCUPATION		12h KIND C	OF BUSINESS OR
1	D	oltimone		ACILITY, GIVE STREET		Hogoi	4-3	(TYPE OF WORK FOR MOST OF	WORKING LIFE	INDUSTRY	
4		altimore				Hospi	tal			1	
1	13a. 51		43 Y 13	c. CITY OR TOW	/N	134 INSIDE CITY		13e STREET ADDRESS /			
4		aryland		Baltimo	ore	YES X N	O []		Fede	ral St	21213
d	14 PAI	HER'S NAME	MIDDLE	LAST		13. MOTHER 5 M		WIDDIE		IAS	ST
4		Arthur	L.	Cheste		Fanı		ADDRE		Fais	on
1		AS DECEASED EVER IN U.S. AR	MED FORCES? 16	b. SOCIAL SECL	JRITY NO.	17 INFORMANT		ADDRE	55		
1		YES		215-07-	<u>-9480</u>	Pear1	V. C	hester 3	027	E. Fed	leral S
1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per lin	e for (a), (b), an	d (c).)		0.				MATE INTERVAL ONSET AND DEATH
1			E CAUSE (a)	Caraco	oulm	mary	arres			15	men
1		DUE TO, OR AS A CONSEQUENCE OF								2	1
1		Conditions, if any, which	(b)	Herpe	y pen	plix Typ	se I	preumones	<u> </u>	~ 1	weeks
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR A	S A CONSEQUI	ENCE OF	logenous	. 2	eukemen		pine	и 1978
	1.00	PART 2 OTHER SIGNIFICANT (CONDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	IN AL DISEASE OR CONE	ITION GIV	EN IN PART 1	o
1	CERTIFICATION	9a DATE OF OPERATION	196. CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORM	AED	200 AUTOPSY?	206. IF YES IN CERTIF YES	YING CAUSES	NGS USED LUIL
F	CER	21a. ACCIDENT WAS UNDERLYING	110110 4 14			21c HOW INJU	RY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART I OR PARE 2)	
	A.	OR CONTRIBUTING CAUSE OF DEA	1111	MONTH D	AY YEAK						
П	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY		211. LOCATION		CITY OR TO		COUNTY	STATE
П		WHILE NOT WHILE AT WORK	(AT HOME STREET	FACTORY, OFFICE,	FARM ETC }	STREET		CITORIO	***	COUNTY	3101
		22a.1 certify that (1) (this haspi saw the decreased the on above, (1) (we) (did) (did)	agrie	7 19	241	in 22	ur) a inion o	to	te and hou	and from the	that (I) we) ast causes stated
П		726. SIGNATURE				DEGREE				22c. DATE	SIGNED
L		22d, PHYSICIAN'S NAME (TYPE C		radel.	Tuo	ATT PH	YSICIAN [MEDICAL STAF		4	17/84
		ZZd. PHYSICIAN S NAME (1996 C	AVATOEL			ITE. ADDRESS	601	N BROADWA	Y 2	1205	72
		URIAL, CREMATION, REMOVAL	23b. DATE	23с.	NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	(5	BURIAL	4/12/	84 A	rbuti	ıs Memo	rial	Pk. Arbut	us,	- 201111	Md.
	24. FU	NERAL DIRECTOR		ADDRESS			25a DAT	E REC'D. BY REGISTRAR	Sb. REGIST	RAR'S SIGNAT	(URE
	Wm	/ /	Inc. 1	101 E	North	<u>Avenu</u>	e AF	PR 9 1984	Julia	Davidson	-lisndales

DHMH - 16 50M 4/B3 (VRA 15, 4)



and campletely filled and 2

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cahold be detached for use as the burial-transit perm. They presser emove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior bounds remarkan, ar remayal.

TTENDING PHYSICIAN The low

TO HOSPITAL

4 may be

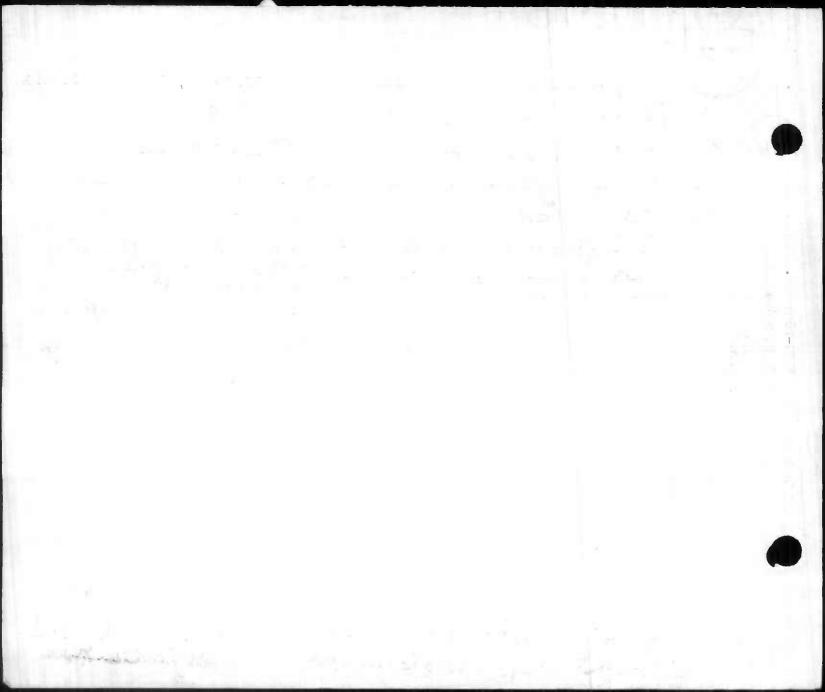
Dedicisithot the dooth certificate be executed within 24 hours offer death. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 RELEASED AS NON—MED DR. KAUFFMAN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

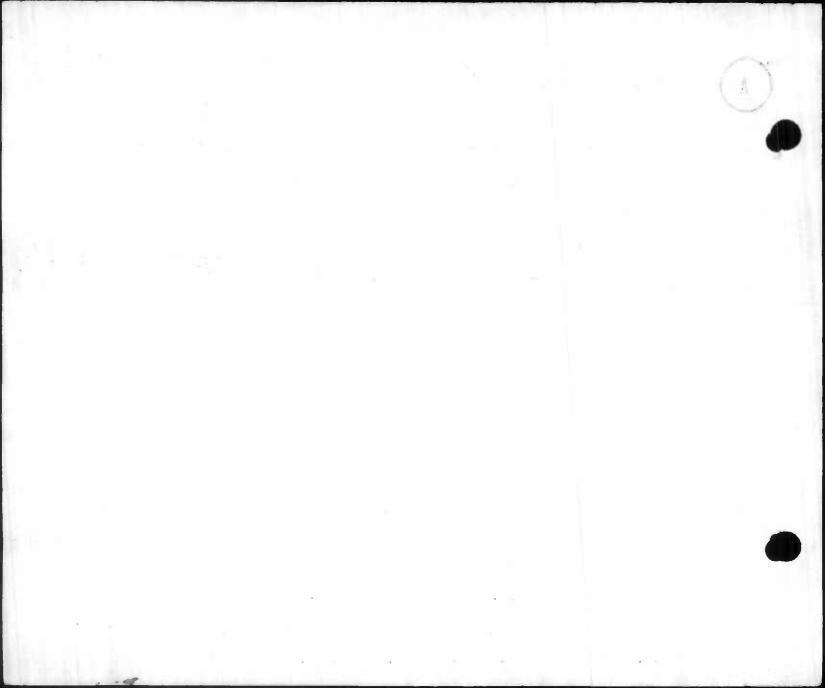
1-	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG CATE OF DEATH	IENE REG. NO	D.	0 9	उ व ।		
	CEASED NAME FIRST	MIDDIE	, t/	ST	20 DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR		
(TYPE	LORRAINE		CHEV	V	APRIL 11	, 198	4	3:55PM		
1.56)	EMALE	Black	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
	RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	8	□ NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH			MD.		
BA	ALTIMORE	THE JOHNS HO	PKINS		120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) 120. KIND OF BUS INDUSTRY			F BUSINESS OR		
13a. S	AL RESIDENCE (IF NURSING HONE OR OT TATE 136 COUNTY	13c_CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS	ZIP CODE	216	035		
I4 FA	STEPHEN	Ju. Chev	4	15. MOTHER'S MAIDEN NAM	ME		Hin	165		
	VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W			R.FO#1	GALENA	, M2	wes			
	PART I. DEATH WAS CAUSED I	BY.	any Arrest			BETWEEN	MATE INTERVAL ONSET AND DEATH			
	Conditions, if ony, which gave rise to immediate couse (a), stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE b) teno DUE TO, OR AS A CONSEQUE (c)	yhe of		yulation.	a V4		3 dys		
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH (200 AUTOPSY?	20b IF YES	, WERE FINDIN	NGS USED		
ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PA	ART : OR PART 2)			
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FA	ARM EIC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE		
	276 certify that (1) (this hospital) attended the deceased from 2 1 1 19 5 1 to 4 11 19 5 4 that (1) (we) lost saw the deceased olive on 4 11 19 5 4 that (1) (we) lost saw the deceased olive on 4 11 19 5 4 that (1) (we) lost saw the deceased olive on 4 11 to 5 4 that (1) (we) lost saw the deceased olive on 4 11 that (1) (we) lost saw that (1) (
	276. SIGNATURE .	J. Runge		ATTENDING PHYSICIAN	MEDICAL STAP		22c DATE	SIGNED /H 184		
	22d. PHYSICIAN'S NAME (TYPE OR PI			Johns H	oftene He	spide	e			
(Burial	. / . / 4	Jew	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	R.E	2000	STATE		
24 FL	UNIT AL DIRECTOR	Di Chess	teal	OWN MA 250 DATE	R 2 6 1984	Julia D	WILL THE	Brokelle		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP



	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
		OR PRINT) Hele	
	3. SE)	Female	4. RACE CAC. 5. DATE OF BIRTH MONTH 10-13-85 6. AGE (INVERS LAST BIRTHDAY) FUNDER 1 YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN.
in 72 ho		OUNTRY) PA	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE MD.
11/24	X	A / to .	11. NAME OF HOSPITAL, NURSING HOME OP OTHER INSTITUTION (IF TO IN SUCH FACILITY. GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF MORK FOR MOST OF WORKING LIFE) (TYPE OF MORK FOR MOST OF WORKING LIFE) (TYPE OF MORK FOR MOST OF WORKING LIFE)
St house	13a S	md. 136 COUN	BA/to. YES X NO [1802 EU taw [212]
1 1500		DAVID	MIDDLE Youtz Eleanoka MIDDLE Rothermel
on and rs. Pages		VAS DECEASED EVER IN U.S. AR es, no or unknown) (1# yes, giv No	MED FORCES? 16b BOCIAL SECURITY NO. 17 INFORMANT, Cornelia Mondgorg 11 Cathedral St. Balt Md. 209-26-302
equires that the death certificat n signed by the ottending physis Then please remove carbon pap ta burial, cremotion, ar removol njury, or ather troumotic event, i	NO	PART I. DEATH WAS CAUSE IMMEDIAL	
on. hos beer t permit. lene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
rSICIAN: The certificate virial-transit Aental Hygin	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINE)	HOUR A.M. MONTH DAY YEAR
ENDING PHY rail or attend OR. After this ruse as the b Health and A Health and A	ME	WHILE NOT WHILE AT WORK 220.1 certify that (1) this hosp	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 19 4 19 19
O HOSPITAL C. ATT etained by the hospit TO FUNERAL DIRECTO should be detoched to with the State Dept. of MALOSTALL If them 2		above, (I) (we) (did) (did no 22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
BP	24 FI	Burial, CREMATION, REMOVAL SPECIFY) Burial UNERAL DIRECTOR	White Marsh Memorial Park, Prospectville, Park, Prospectville, Park, Prospectville, Park, Park, Prospectville, Park, Park, Prospectville, Park, Par
OHMH - 16 50M 4/83 (VRA 15, 4)	Geo	.A.Weber & Son	s Inc. 705 S. Ann St. Balto. Md APR 16 1984



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					STATE OF M.	AMILAND				
	1-	FOR STATE			PARTMENT OF HEALTH CERTIFICATE		NE 8	U	98	4:
L			ances	A. Cierni	ak CERTIFICATE		REG. NO		/	
		CEASED NAME	FIRST	WIDDLE	LAST	1	0. DATE OF DEATH	MONTH DA		26. HOL
			rances	А.		iak		7 1	84	-
3	. SEX	F .	4. R		5. DATE OF BIRTH	DAY YEAR	. AGE IN YEARS LAST BIRT		FUNDER 1 YEAR	HOURS
		Fema.		Cau Whi		10 08	+6	YRS.		
1		RTHPLACE (STATE OR OUNTRY)	FOREIGN 7b. C	ITIZEN OF WHAT COU	MARRIED A	EVER MARRIED	BALTIMORE CITY O		OF DEATH	
-	0.01	M D TY OR TOWN OF DE	AT11 11	U(· S · H	WIDOWED NURSING HOME OR OTHE	DIVORCED	Daltimo 20 USUAL OCCUPATION		12b. KIND C	DE BLICANI
3		Baltin	ore 5	JIFNOTIN SUCH FACILITY GI	imur Genera		Homemaker			OF BUSIN
C	13a. S	L RESIDENCE (IF NUR TATE	136 COUNTY	R INSTITUTION GIVE RESIDENCE			STREET ADDRESS	`\` a \a	21/4	22
1	4 FA	THER'S NAME		1 10 4		THER'S MAIDEN NAM		yinia	1 770	16
9	}	FIRST	MIDDI	ιε	AST V CANA	FIRST . A	MIDDLE	RI	CZY	AIC A
	6n V	AS DECEASED EVER	N U.S. ARMED	FORCES? 16b. SOCIA	AL SECURITY NO. 17. INF	ORMANIT	ADDRE		1225	1031
11	[7	ES, NO OR UNKNOWN)	(IF YES, GIVE WAI			sept Ciern	lak 4613 V		ia Ave	Ra
/ F			M.E	10-12	70 070 11	Dopat Grozii	- TOI) 1	118 111		ONSET AN
		PART I. DEATH V		ne couse per line for (o),		. CS A	crest		BETWEEN	ONSET AN
		1579	IMMEDIATE CA	AUSE (o) Cac	-aropulmon	417 11	1.001			
				DUE TO OB AC A COL						
				///	SEQUENCE OF	Para con Li	- Corsia	0.4.6	1 2	2
		Conditions, if ony gove rise to im		///	estatic	Pancreati	e Carcin	oma	1 2	2 40
			mediate ng the	///	estatic	Pancreati	e Carcin	oma	3	2 40
		gove rise to im couse (a), stati underlying couse	mediate ng the e lost.	DUE TO, OR AS A COM	ISTUTICE OF	Pancreati				2 ye
	N	gove rise to im couse (a), stati underlying couse	mediate ng the e lost.	DUE TO, OR AS A COM	estatic	Pancreation the terminated to			N IN PART 11	0
	ATION	gove rise to im couse (o), storiunderlying couse	mediate ng the e last. NIFICANT CON	DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION	NSEQUENCE OF		al disease or cont	DITION GIVE		
a	FICATION	gove rise to im couse (a), stati underlying couse	mediate ng the e last. NIFICANT CON	DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION	ISTUTICE OF		200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDI	NGS USE
9	ERTIFICATION	gove rise to im couse (o), storiunderlying couse PART 2. OTHER SIG	mediate ng the e lost. NIFICANT CON	DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION 19b. CONDITION FOR 1	NSEQUENCE OF NG TO DEATH BUT NOT RE	PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDII	NGS USI
	L CERTIFICATION	gove rise to im couse (o), storiunderlying couse	mediate ng the le lost. NIFICANT CON	DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION	NSEQUENCE OF NG TO DEATH BUT NOT RE WHICH OPERATION WAS		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDII	NGS USE
		gove rise to im couse (o), stotiunderlying couse PART 2. OTHER SIG	mediate ng the e lost. NIFICANT CON TION DERLYING CAUSE OF DEATH ICALEXAMINER)	DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION 19b. CONDITION FOR 1 21b. TIME OF INJURY HOUR A.M. MONT	NSEQUENCE OF NG TO DEATH BUT NOT RE WHICH OPERATION WAS TH DAY YEAR 19	PERFORMED OW INJURY OCCURRE	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDII	NGS USE
		gove rise to im couse (o), stotiunderlying couse (o), stotiunderlying couse (o). PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR	mediate ng the e lost. NIFICANT CON TION CAUSE OF DEATH ICALEXAMINER)	DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION 19b. CONDITION FOR 1	NSEQUENCE OF NG TO DEATH BUT NOT RE WHICH OPERATION WAS TH DAY YEAR 19 216. H	PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDII	NGS USI
	MEDICAL CERTIFICATION	gove rise to im couse (o), stotiunderlying couse PART 2. OTHER SIG	mediate and the last	DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION 19b. CONDITION FOR THE CONDITION FOR	NSEQUENCE OF NG TO DEATH BUT NOT RE WHICH OPERATION WAS TH DAY YEAR 19 OFFICE, FARM ETC.) 211 LC	PERFORMED OW INJURY OCCURRE CATION STREET	200 AUTOPSY? YES NOO	20b. IF YES, IN CERTIFY YES	WERE FINDI ING CAUSES (COUNTY)	NGS US
		gove rise to im couse (o), stofin underlying couse (o). PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (FEITHER, NOTIFY MED 21d. NJURY OCCUR WHILE NOT WAT WORK AT WORK AT WORK AT WORK AT WORK 22a.1 certify that (1)	mediate ng the e lost. NIFICANT CON TION CAUSE OF DEATH KCALEXAMINER) RED RED RED ORK (this hospital)	DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION 19b. CONDITION FOR 1 21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME. STREET FACTORY.	NSEQUENCE OF NG TO DEATH BUT NOT RE WHICH OPERATION WAS TH DAY YEAR 19 OFFICE, FARM ETC.) From MATCH	PERFORMED OW INJURY OCCURRE DCATION STREET 23, 19.84	200 AUTOPSY? YES NO D CITY OR TO	20b. IF YES, IN CERTIFY YES	WERE FINDII ING CAUSES () RELIGIBLE () COUNTY	NGS US S OF DEA
		gove rise to im couse (o), stotiunderlying couse (o), stotiunderlying couse (o). PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER. NOTIFY MED 21d. INJURY OCCUR WHILE AT WORK NOTIFY THE OF WAS UN OR CONTRIBUTING (IF EITHER. NOTIFY MED 22a.1 certify that (If sow the degrees of the degree	mediate mg the e lost. NIFICANT CON TION DERLYING CAUSE OF DEATH ICALEXAMINER RED HILE CON ICH C	DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION 19b. CONDITION FOR 1 21b. TIME OF INJURY HOUR A.M. MONI P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	NSEQUENCE OF NG TO DEATH BUT NOT RE WHICH OPERATION WAS TH DAY YEAR 19 OFFICE, FARM, ETC.) Trom March 19, 84, and that it	PERFORMED OW INJURY OCCURRE CATION STREET	200 AUTOPSY? YES NO D CITY OR TO	20b. IF YES, IN CERTIFY YES	WERE FINDII ING CAUSES () RELIGIBLE () COUNTY	NGS USI S OF DEA
		gove rise to im couse (o), stotiunderlying couse (o), stotiunderlying couse (o). PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER. NOTIFY MED 21d. INJURY OCCUR WHILE AT WORK NOTIFY THE OF WAS UN OR CONTRIBUTING (IF EITHER. NOTIFY MED 22a.1 certify that (If sow the degrees of the degree	mediate mg the e lost. NIFICANT CON TION DERLYING CAUSE OF DEATH ICALEXAMINER RED HILE CON ICH C	DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION 19b. CONDITION FOR 1 21b. TIME OF INJURY HOUR A.M. MONI P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, oftended the deceosed March 23	NSEQUENCE OF NG TO DEATH BUT NOT RE WHICH OPERATION WAS TH DAY YEAR 19 OFFICE, FARM, ETC.) Trom March 19, 84, and that it	PERFORMED OW INJURY OCCURRE DCATION STREET 23, 19 84 in (my) (our) opinion de	200 AUTOPSY? YES NO CITY OR TO the occurred on the do	20b. IF YES, IN CERTIFY YES Y IN ITEM 18. PAR	WERE FINDII ING CAUSES () RELIGIBLE () COUNTY	NGS US S OF DEA NO
		gove rise to im couse (o), stofiunderlying couse (o), stofiunderlying couse (o), and (o) and (mediate mg the e lost. NIFICANT CON TION DERLYING CAUSE OF DEATH ICALEXAMINER RED HILE CON ICH C	DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION 19b. CONDITION FOR 1 21b. TIME OF INJURY HOUR A.M. MONI P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, oftended the deceosed March 23	NSEQUENCE OF NG TO DEATH BUT NOT RE WHICH OPERATION WAS TH DAY YEAR 19 OFFICE, FARM, ETC.) Trom March 19 4, and that it	PERFORMED OW INJURY OCCURRE DCATION STREET 23, 19, 84 In (my) (our) opinion de	200 AUTOPSY? YES NO D CITY OR TO	20b. IF YES, IN CERTIFY YES Y IN ITEM 18, PAI	WERE FINDING CAUSES RELORPART?) COUNTY 9 8 4 ond from the	NGS USE S OF DEA NO
		gove rise to im couse (o), stofiunderlying couse (o), stofiunderlying couse (o), and (o) and (MEDIATE ON LAND CONTROL OF PRIME OF PRI	DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION 19b. CONDITION FOR 1 21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME. STREET FACTORY. oftended the deceosed March 23 we the body ofter deoth	NSEQUENCE OF NG TO DEATH BUT NOT RE WHICH OPERATION WAS TH DAY YEAR 19 OFFICE, FARM ETC.) Trom March 19 DEGREE	PERFORMED OW INJURY OCCURRE DCATION STREET 23, 19, 84 In (my) (our) opinion de	ZOO AUTOPSY? YES NO D CITY OF TOTAL OTH OCCUPTED ON THE DE	20b. IF YES, IN CERTIFY YES Y IN ITEM 18, PAI	WERE FINDING CAUSES RELORPART?) COUNTY 9 8 4 ond from the	NGS USE S OF DEA NO
7	WEDICAL MEDICAL	gove rise to im couse (o), stofin underlying couse (o). Stofin underlying couse (o) and the couse (o)	MEDIOTE ON LINE OF PRIME OF AME STOPE OR PRIME OF DEATH (ALEXAMINER) AME STOPE OR PRIME OF OR PRIME O	DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MONI P.M. 21c. PLACE OF INJURY (AT HOME, STREET FACTORY, ottended the deceosed Machine 23 we the body ofter death	NSEQUENCE OF NG TO DEATH BUT NOT RE WHICH OPERATION WAS TH DAY YEAR 19 OFFICE, FARM ETC.) Trom March 19 DEGREE	PERFORMED OW INJURY OCCURRE DOCATION STREET 23, 19_84 In (my) (our) opinion de PHYSICIAN DDRESS SOUTH BA	200 AUTOPSY? YES NO CITY OR TO! Oth occurred on the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES YIN ITEM 18. PAF	WERE FINDING CAUSES COUNTY 9 8 4 ond from the 22c. DATE 4 / 4	NGS USE S OF DEA NO [
7	WEDICAL MEDICAL	gove rise to im couse (o), stofin underlying couse (ii), and (iii) and (iiii) and (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	MEDIOTE ON LINE OF PRIME OF AME STOPE OR PRIME OF DEATH (ALEXAMINER) AME STOPE OR PRIME OF OR PRIME O	DUE TO, OR AS A CON (c) DITIONS CONTRIBUTION 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MONI P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, ottended the deceosed March 23 we the body ofter death	NSEQUENCE OF NG TO DEATH BUT NOT RE WHICH OPERATION WAS TH DAY YEAR 19 OFFICE, FARM ETC.) Prom March 19 DEGREE 220 A	PERFORMED OW INJURY OCCURRE DCATION STREET 23, 19 84 in (my) (our) opinion de ATTENDING PHYSICIAN D DDRESS SOUTH BAR	200 AUTOPSY? YES NO CITY OR TOTAL OTH OCCUPTED ON THE DE CONTRE MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES YIN ITEM 18. PAI THE OND HOUR	WERE FINDING CAUSES RELORPART?) COUNTY 9 8 4 ond from the	thor of couses s

THE REAL PROPERTY OF THE PARTY The state of the s yer marcti, 1004 mano. . , mylosATTENDING PHYSICIAN: The law requires that the death

attending physician

retained by the hospital ar TO FUNERAL DIRECTOR. A should be detached for use at the State Dept of Heal

TO HOSPITAL

/2.	#
20	1
	1 -

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	REG. NO	8	a	-

		REGISTRAR			CERTII	FICATE OF DI	AIH	REG. N	0	7 0		
		CEASED NAME FIRST	-	WIDDIE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	25. HOUR	R
	(I Y PE	Clare	010	E	1	lack	50		1	18 84	7.36	
	3 SE:		4 RACE	La	S DATE	OF BIRTH	Ste	6. AGE (IN YEARS LAST BIR	THDAY	18 84		24 HR5
141	Ma	1e	Blac	k	12-		°04	79	YRS	MONTHS DAYS	HOURS	MIN.
9	7a B1	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	XX NEVER M.	DDIED []	9 BALTIMORE CITY C	R COUNT	Y OF DEATH		
2	M	aryland	U.S.A		WIDOW		DRCED [Baltimore	C.	itv		MD.
1	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTI	UTION	12a. USUAL OCCUPAT	ION	126. KIND (OF BUSINES	SSOR
1		Baltimore	3800	Cottage A	ve.			steelwork	er		none	
E	13a S	AL RESIDENCE LIF NURSING HOME C STATE 136 COU		134 CITY OR TOW		13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS		21	210	
1	Ma	ryland		Baltimor	e	YES 🗶	10 🗆	3800 Cotta	ige A	ve		- 1
	14_FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S						
0		Daniel		Clark		Ma	9	MIDDLE		Johnson	Ì	
			EASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SE			17. INFORMAN		ADDRE				
	n	0		V		Pearl	Clark	3800 Cotta	ige A	ve.		
		18 CAUSE OF DEATH Enter of	nly one cause per	line for (a , (b), and	d (c)					BETWEEN	ONSET AND E	VAL
		PARTI DEATH WAS CAUSED BY: Cardio Sellinonary and										
		4360		7			(
		Conditions, if any, which	DUE TO, O	R ÁS A CONSEOUE	NCE OF	CAXINI.)	9		15 2 4		
		gave rise to immediate	(b)_			21001						
		cause (a), stating the underlying cause last	DUE TO, O	AS A CONSEQUE	NCE OF							
			(c)_									
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERMI	INAL DISEASE OR CON	DITION GI	IVEN IN PART 1	a ·	
7	CERTIFICATION	19a. DATE OF OPERATION	195 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	AED	200 AUTOPSY?	1286. IF YE	S, WERE FINDI	NGS LISED	
1	FFC		10.10						IN CERTI	IFYING CAUSES	OF DEATH	H?
2	ERT	210. ACCIDENT WAS UNDERLYING	7 216 TIME C	E INTITIES		1217 HOW INTH	IBV OCCUPRI	YES NO		ES []	NO [
7		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	210. HOW 11430	IKT OCCURR	ED (ENTER NATURE OF INJU	ST IN ITEM 18	PART I OR PART 2)		
	CA	(IF EITHER NOTIFY MEDICAL EXAMINE		M	19				1417			
34	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE FA	ARM ETC)	211. LOCATION		CITY OR TO	WN	COUNTY	51	ATE
4	<	AT WORK NOT WHITE				1000						
£.		22a.l certify that (1) (this hasp	ital) attended th	e deceased fram_			19			. 19,	that (I) (w	e) last
	10	saw the deceased alive at above, (I) (we) (did) (did no	t view the hady	ofter death	, a	nd that in (my) (a	ur) opinion d	leath accurred on the de	te and ha	ur and from the	couses stat	ted
		22b. SIGNATURE	a .	grier degin.		DEGREE	1000	100000		22c. DATE	SIGNED	
	15	144	seren				ENDING	MEDICAL STAI		4	191	84
10	133	22d. PHYSICIAN'S NAME ITYPE				22e ADDRESS			HA IN S		212	1
		AUB	GROI	•		13705	FA	LLS ROA	H)	BALTI	5 mi	5
		BURIAL, CREMATION, REMOVAL		Grand F.	AME OF C	EMETERY OR CR	EMATORY	23d LOCATION		CORNIA		
		Burial	4/28	/84	1t. A	uburn Ce	metery	Balton	2.0	FOUNTY	my	d.
	24 FL	INERAL DIRECTOR				0	250 1	2	The state of	SUADIC CIONIA	10	

BP.

the attending physicior remove corban papers.

injury, or other troumotic event,

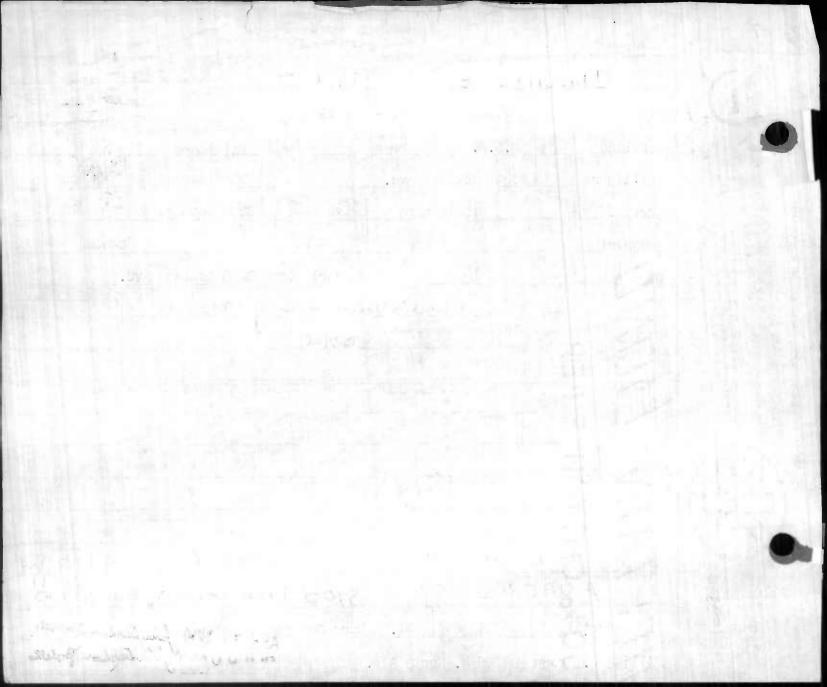
DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT # 16

William C. Brown

1206 W. North Ave.

APR 30 1984 Julia Davidson Mandall



MPORTANI: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the

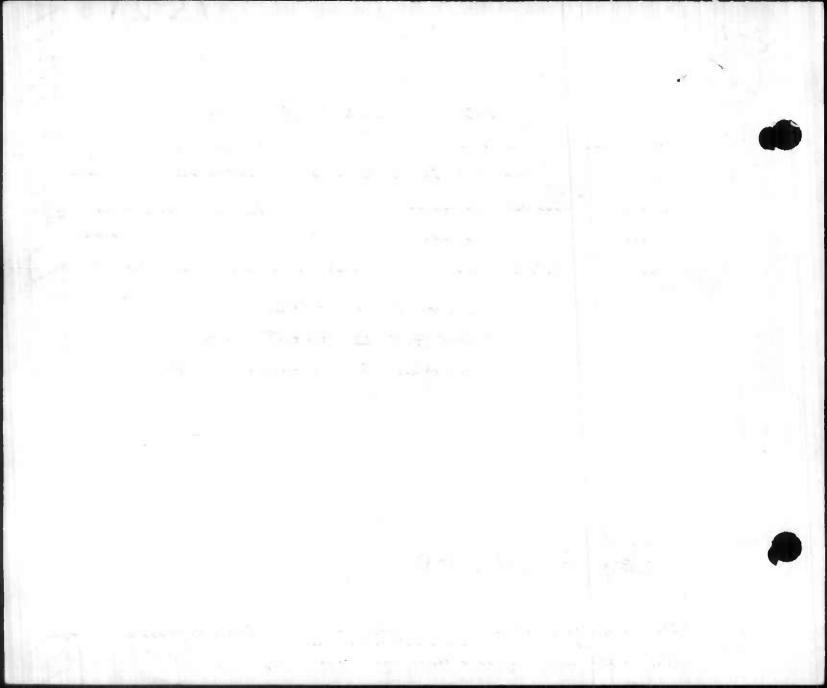
STATE OF MARYLAND

1 - STATE			EALTH AND MENTAL HYG	IENE					1
REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).				-
1. DECEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH	HIMON	DAY	YEAR	2h HOU	R
RAYMO	ND A	CLAY	TON		4	3	84	3:3	8а м
3. SEX	4. RACE	5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	# UNDE	R T YEAR	IF UNDER	24 HRS.
Male	Caucasi	an Au	gust 31, 1900	83	YRS.	WO141413	DATS	HOURS	Mark.
70 BIRTHPLACE I STATE OR FOREIGN	76. CITIZEN OF WHA	T COLINITAVA I	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DE	ATH		
Pennsylvania	U. S. A	wiDOWE		BALTIMORE	CITY				MD.
0 CITY OR TOWN OF DEATH BALTIMORE		PITAL, NURSING HOME C JULY, GIVE STREET ADDRESS) VETERONS	or other institution Hospital	120 USUAL OCCUPATION ET & CONTRACTOR			KIND O	F BUSINE	SS OR
USUAL RESIDENCE (IF NURSING 11) 130 STATE BAL		RESIDENCE BEFORE ADMISSION) GTY OR JOU'LE KESULUE	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 736 Leafydd			исе	21	208
14 FATHER'S NAME Peter	MIDDLE CZ	lay ton	is mother's maiden name Mosty	WE		Ma	:lle	Y.	
YES OR UNKNOWN)		SOCIAL SECURITY NO.	Stella M. Cl	ayton 736 Le	ss Zafyd	ale	Ter	race	2120
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICAN	DUE TO, OR AS	ARDIPUL A CONSEQUENCE OF A CONSEQUENCE OF SIBUTING TO DEATH BUT	E HEAVE	DIFC INAL DISEASE OR COND	DIS DITION GIV	/EZ #Z	PART lic).	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION	N FOR WHICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YE IN CERTI				H?
00 000 170 100 100 100 100 100 100 100 1	DEATH HOUR A.M.		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PARI I OR	PART 2)		
OK CONTRIBUTING CAUSE OF THE FITHER NOTIFY MEDICAL EXAMI		ACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	₩N	co	UNTY	S	STATE
270.1 certify that \$\text{N}\$ (this has sow the deceased alive above, thywe) (did) (and 220 SIGNATURE	on ADRII 3 pot) view the body offer Car	19 <u>84</u> , or	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	, to APRTI 3 death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	F	or and I	om the	thot X II (v causes sto SIGNED	
230 BURIAL, CREMATION, REMOV.	AL 236. DATE	23c. NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	-	2011	7.0		LATE

DHMH - 16 50M 4/83 (VRA 15, 4)

Cremation/Burial April 4, 1984 Westview Crematory
14 FUNERAL DIRECTOR Loring Byers Funeral Directors, INC. 250. DI
8728 Liberty Road Randallstown, MD 21133-4784 cory CatonsvillBaltimon Maryland
250. DATE REC'D. BY REGISTRAP 250. REGISTRAP 8 SIGNATURE

DD C 1001 Gille New Joneson Pendell



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN MIDDLE DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED Arlenta Cleamons 4. RACE 5. DATE OF BIRTH AGE IN YEARS IF LINDER T VR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED Sept Bla DEAD 2(pyrs Male 1957 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY) U.S.A. WIDOWED [DIVORCED lary land Baltimore City 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 178 USUAL OCCUPATION LITTE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Baltimore University Hospital ISUAL RESIDENCE HE IN NURSING 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE eamons uria SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATES! NO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Cranio cerebra) trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL -HEALTH AND ME AL, CREMATION, I lying cause lost. MEDICAL PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a DATE OF OPERATION USED TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIETY TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIWGE. E CHIEF BE USED 210 EXTERNAL CAUSE WAS TIME OF INJURY
HOUR AM MONTH DAY YEAR 211, HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH 1 : 42 M. 27 19 84 Pedestrian struck by auto 71d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE WHILE AT WORK Eldersburg, CARROLL CO, MD. street Liberty Rd. X 22a I certify that I taok charge of the remains described above, held an Inspection Inquiry and in my apinion Accident X death resulted from: Notural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) **ADDRESS**

DHMH - 17 (VR A15 ME (5) 20M 4/82

23e BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

23d. LOCATION

COUNTY

MONTH

4

29 1984

12b. KIND OF BUSINESS

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

20 AUTOPSY?

YES NO X

STATE

OR INDUSTRY

29 1984 2b HOUR

2d HOUR 11:30 a

DATE 4/30/84

Will be a company to the first of the company of th Assert Marchanett are not provided by the land market with the state of the state of and completely filled in by the funeral director and 2 should be filed within 72 hours after

executed within 24 hours off

EMDING PHYSICIAN: The low requires that the death certificate be

FOR STATE REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR							G. NO.				
DF	CLASED Nº ME FIRST	/	MIDDLE	LAST	132		20. DATE OF DEA	нтиом НТ	DAY	YEAR	2b. HOU	JR
	JOHN	J.		CLEME	NS			4	12	84	73	2 A
3. SE	x	4 RACE		S. DATE OF	BIRTH		6. AGE (IN YEARS L	AST BIRTHOAY)	IF UNDE		IF UNDER	4
	MALE	whit	•	MONTH / O	29	YEAR	61	YR	MONTHS	DATS	HOURS	MIN
7n B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	Α			P. BALTIMORE C			ATH		_
	Maryland	U.S.				ARRIED -	Baltimore, Maryland City					
10.0	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	WIDOWED [ORCED	120. USUAL OCCUPATION 126. KIND OF BUS					
			H FACILITY, GIVE STREET		JINEK INST	11011014	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				D03114E33 OR	
-	SATTI MD.		TERCY		706		Retired Newspape:					I
130.	STATE 13b. COL		GIVE RESIDENCE BEFORE		d. INSIDE CI	TY LIMITS?	130. STREET ADDRESS 6239 Northwood Drive					
	Maryland		X Baltim	ore	ES XX	NO 🗆	6239 No	orthwo	od Dr:	ive	2121	2
14. F	ATHER'S NAME	MIDDLE	LAST	15	. MOTHER'S	MAIDEN NAM		DIE		1.451	7	
	John	MIDDLE	Clemens		Anr	na	MIDDLE - Stoeck					er
16a.\	WAS DECLASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO. 17	. INFORMA	NT	A	DDRESS				
((YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	218-16-1511A Mrs. J.J.Clemens 62			ens 6239	North	wood I	Dr.21212			
-						0.020	0110	1101 011			MATE INTE	
	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS					1	+			BETWEEN	JNSET AND	DEA
	IMMEDIA	ATE CAUSE (0)	CARD	copuli	non	N	nusi					_
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	Conditions, if ony, which	(b)	CARDI	AC -	Losa	FFICIE.	ne y					
	gove rise to immediate	4										
couse (o), stoting the UNETO, OR AS A CONSEQUENCE OF Underlying couse lost.												
	(6)											_
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								GIVEN IN	PARI HO	,	
CERTIFICATION	MMYUTAU	ATTAM SCLEVE				20a AUTOPSY? 20b. IF YES,			S, WERE FINDINGS USED			
V	190 DATE OF OPERATION	ITION FOR WHICH OPERATION WAS		WAS PERFO	RMED	200 AUTOPSY	IN CERTIFYING CAUSE		CAUSES	ES OF DEATH?		
E							YES NO YES			NO 🗆		
W W	210. ACCIDENT WAS UNDERLYING	110010			It. HOW IN	JURY OCCURR	ED (ENTER NATURE	F INJURY IN ITEA	A 18 PART 1 OR	PART 2)	7.5	
1.0	OR CONTRIBUTING CAUSE OF D	EMIN .	M. MONTH DA									
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	21e PLACE	M. OF IN IURY	19	II LOCATIO	N .						
ME			REET, FACTORY, OFFICE, F		STREET		CITY	ORTOWN	co	YINU		STATE
	AT WORK NOT WHILE AT WORK											
	22a certify that (1) (this has			54. 7		. 19 34	10 4. 1		1956			
	sow the deceased alive a above, (I) (we) (did) (did)	not) view the body	ofter death.	, ond	that in (my)	(our) opinion o	leoth occurred on	the dote and	hour and f	rom the	couses st	ofec
	22b. SIGNATURE	Λ	0	DE	GREE				22	c. DATE	SIGNED	
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									4.1	2 7	4
PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 224 ADDRESS									2			-
			che						The l)		
		9.10					L ST, 1.		1910			
	Joseph			LALLE OF CEL		REMATORY	23d. LOCATION	V				STATE
23a.	BURIAL, CREMATION, REMOVA	100000000000000000000000000000000000000					CITY OR TO	WN	COUN	νTγ		
23a.		100000000000000000000000000000000000000	16,1984				r Balti	WN	COUN	iTY		
	BURIAL, CREMATION, REMOVA	100000000000000000000000000000000000000	16,1984			Redeeme	REC'D. BY REGIS	nore	GISTPAP'S	SIGNAT	LIBE	Md
24 F	BURIAL, CREMATION, REMOVA	April	16,1984	Most	Holy F	Redeeme	r Balti	nore		SIGNAT	LIBE	Md

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coishould be detached for use as the burial-transit permit. Then please remove corban-papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after decreased a may be	retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, pagesharded for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours ofter de-	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If hem 21 is morked or hem 18 shows ony injury, or other troumalic event, the medical bycommer must be political at once	-

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR			OF HEALTH AND A		NE U S	0 4	1		
١	1. DEC	CEASED NAME FIRST		MIDDLE	LAST	7	a. DATE OF DEATH		YEAR	2b. HOUR	-
ı	(TYPE (Sophi			1-11-00		Ann: 1	8 198	2/1	110 P.	
1	3. SEX		4. RACE	15.0	Levenger DATE OF BIRTH	6	AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER 24 HRS	1
1		_			MONTH DAY	YEAR	71	MONT		HOURS MIN.	
ı		t emale	White		eb. 24,19	73	71	YRS	DEATH		
?	- 10	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	ARRIED NEVER M	ARRIED -	BALTIMORE CITY O		DEATH		
	/	ennessee	USF	Wit	DOWED DI	ORCED	Baltimor	re Lity		ME	
	10 CIT	TY OR TOWN OF DEATH		HOSPITAL, NURSING HO			26. USUAL OCCUPATI		2b. KIND O	F BUSINESS OR	
		altimore lite	1 200	fack Street	21 225		Nurses Aid	1	Gunda	us N.H.	
0	USUA 130. ST	L RESIDENCE (IF NURSING HOME TATE 13b. CO	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADMIT	13d. INSIDE CI	TY LIMITS? 11:	3e. STREET ADDRESS			O	
1	Ma	ryland		Baltimore		NO 🗆	206 Jack	Street	212	225	
	14. FA	THER'S NAME	4			MAIDEN NAME					
7		Clay	MIDDLE	Miser		rrie	WIDDLE		Col	lina	
-	160 W	AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY	<u></u>		ADDRE	SS	Con		-
	(4)	ES NO OR UNKNOWN) (IF YES.	ONE	213-28-224	2 Annah	elle Ane	alla Same	2 As # 1	2		
				7 7 2 3 3 3		ECCE / 1/CE	eca same	100 11 1	APPROVE	MAYE INTERVAL	=
	102	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per	line for (o), (b), and (c).)					MATE INTERVAL	_
		,	ATE CAUSE (0)	Cardia	c arres	y			form	deste	_
		4004	DUE TO, O	R AS A CONSEQUENCE	OF _						
		Conditions, if ony, which	((b) C	Exteriosclar	die herren	Quaix	Cardiovasce	las dis	. 3	yes o	
		gove rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUENCE	OF.					/	
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		PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERMIN	IAL DISEASE OR CON	DITION GIVEN I	N PART 110		=
-	Z	Chargin	D. Ta	cationi le	una du	enso					
	AT	190 DATE OF OPERATION	19b COND	ITION FOR WHICH OPE			200 AUTOPSY?	20b. IF YES, WE			-
0	F.				V		YES NO NO	IN CERTIFYING	G CAUSES	OF DEATH?	
1	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME C	F IN JURY	Z1c HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJU		OR PART 21	110	-
7		OR CONTRIBUTING CAUSE OF	- HOLLD A		YEAR		- (Englishmone or roo				
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI		M.	19						_
	PE	21d. INJURY OCCURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM, E	21f LOCATIC STREET	N	CITY OR TO	IWN	COUNTY	STATE	
	-	AT WORK NOT WHILE						14-			
		22s.1 certify that (I) (this ho			1951	_, 19	10 april	193	54	that (I) (we) lost	t
		sow the deceased afive above, (I) (we) +did) (did		A 1 19 84	, and that in (my)	(our) opinion de	oth occurred on the d	ate and hour one	d from the	couses stated	
	33	22b. SIGNATURE	nory view the cody	uner deam.	DEGREE				22c. DATE	SIGNED	
		Hollie Hy	00		7.0 A	TTENDING PHYSICIANI	MEDICAL STA		4-	9-84	
-		THE REVISICIAN'S NAME THE	E ON FRIEND		220 ADDRES	S					-
		JOHN A	VESKI	77/10	1009	Frede	ick Ke, I	sat he	2/2	28	
	22	" " []			E OF CEMETERY OR C	- war	123d. LOCATION	-)			=
		SPECIFY) REMOV	AL 236 DATE	0.1	E OF CEMETERY OR C	REMATORY	CITY OR TOWN		YTHUC	STATE	
	-	Bunjak	MPril 11	,1984 Glen	HAUIN M	Jem PK.	Glen Bur	vic A	vue Ar	and (R)	(T)
		INERAL BUILD OF		ADDRESS 37	E PATAPSI	APF	REC'D. BY REGISTRAR	Gulia Dav	SSIGNAL	jandell	
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with the 20 1000 1000 100 100000 W. Santana solitore vite de de de de de de la lace de lace de la lace de la Conclused The Contract of the N. i. ison inci in and Markette workers to the Market State of the Control of the C The windship hope to see to do not the tree of you - 1707 A TOOL - 1707 A TO LOUIS the major that will will THE P. A. P. STANDER SON TORD TO SEE THAT THE PARTY OF TH we have the state of the state

McGalle France Some College De Contract

	V		FOR #5,6,16a,b,F	STATILING 590 DEPARTMENT OF I	TE OF MARYLAND HEALTH AND MENTAL H	YGIENE 9 B 4	8
	1		STATE 4/23/84 K			6.0	
5	4		EASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN X MON	TH DAY YEAR 26 HOUR
	DX HZ E	,,,,,	Cedric	George	Cobb	OF ESTI- DEATH MATED 4/	16/8419
	PR. PLE DIRECTO DUR FIL DV STRE	3. SEX	ale Courasin	5. DATE OF BIRTH 91 6. AGE IN YEAR MONTH DAY YEAR STEEL STEE	MONTHS DAYS HOURS	PRONOLINCED	16/84 19 P A
	A SEE		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED MINEVER MARRIE	9 BALTIMORE CITY OR COL	JNTY OF DEATH
	建北 1	1	England	Bug/And	WIDOWED DIVORCE	2012021102002	
	30000) CI	Baltimore	11. NAME OF HOSPITAL, NURSING HOME JIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2736 Georgetown Rd	, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WOR	OR INDUSTRY
1201	IF ANY DE 2, AND 3 T 3. RETAIN SHOULD IN IL RECORD			OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSK	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	, 99999
0.2	2. A A SHOW	14. FA	THER'S NAME	Aberland Henthyille	YES NO A	NNAME	od 1111/
DRE, M	E-895/4/		George 1	Henry Cobb	Hetty	MAY 7	oune.
BALTIMORE, MD. 21201	E G S S S	16a. V	VAS DECEASED EVER IN U.S. ARM	AD ADDITION AND ADDITION ADDITION AND ADDITION ADDITION AND ADDITION A	3883 Blan Col	b Heathville	VA.
	2 % > F. C.		DADT I DE ATH WAS CALISED	ane cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ONS	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D		420 MMEDIATE	CAUSE (a) Arterioscler		cular Disease	
EST	THIN 24 H CIL IN ITEA JER ALON ANSIT PER AL HYGIEI REMOVAL		Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE	OF .		
. P.	ED WITHI AMINER L-TRANS WENTAL H		gave rise to immediate cause (a) stating the under-	(b)			
201 W	EXECUTED WITHIN 24 NG" IN PENCIL IN IT IN CAL EXAMINER ALC IN BURIAL - IRANSIT PI AND MENTAL HYGIN, OR REMOV.		lying cause last.	DUE TO, OR AS A CONSEQUENCE (DF.		
DRDS,	PENDING" IN F PENDING" IN F PENDING" IN F PENDING EXA DASA BURIAL HEALTH AND M L, CREMATION,	7	PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PAR	T 1 (a).	
RECO	SHOULD BE EN PROPIN PROPINT PROPIN PROPIN PROPIN PROPIN PROPIN PROPIN PROPIN PROPIN PROPINT PROPIN PROPIN PROPIN PROPIN PROPIN PROPIN PROPIN PROPIN PROPINT PROPIN	TIO	19a, DATE OF OPERATION	196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		70 AUTOPSY?
IAL	SHOULD ORD "PE CHIEF A E USED I TOF HEK	FIG					YES NO X
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	CERTIFICATE SHOULD SITING THE WORD."PE DED TO THE CHIEF A E 3 SHOULD BE USED. OF PROR TO BURILY OF HER	AL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRED	D LENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	
DIVISIO	E. WRITING THIS CERTING THIS CERTING THIS CENTRAL PAGE 3 SH STATE DEPA STATE DEPA (), 21201 PRÉ	MEDICAL	716 INJURY OCCURRED WHILE NOT WHILE AT WORK	The PLACE OF INJURY AT HOME, STREET, FACTORY, EARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	R: TH ORW R: PA E STA ID, 2			al the remains described above, held an	Autapsy , Inspection	X, Inquiry and in my	/ apinian
	MAN E E E F E E F E E		death resulted framy Natura	I causes X, Accident , Su	cide . Hamicide .	Undetermined manner .	
	EXA DIED I VIII VAR		Mer	1	TITLE (SPECIFY)		
	A HE HE WAY	1	SIGNATURE		M.D. Assistant	MEDICAL EXAMINER SIG	TE A/17/84
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	1	EXAMINER'S NAME Gred	gory R. Kauffman, M.	D. ADDRESS 111 Pe	enn St., Balto., M	d. 21201
	5X45A8	230.B	URIAL, CREMATION, REMOVAL 23	DATE 231. NAME OF CEA	AETERY OR CREMATORY	23d. LOCATION	OUNTY STATE
KIN	BP		emation	4-17-84 Securi		Catomoville B	3citimore He
///	6HMH - 17	24 FI	INERAL DIRECTOR	ADDRESS	1 . 0 100	1 8 1984 Julia David	'S SIGNATURE
	(VR A15 ME (5)) 20M 4/82		Harry W. 1	daught Sykesi	ille, MD APR	1 0 304	

Va the Adjusted Horas the Contract of the State of the St Cold total Cold total Par Tayon

requires that the death certificate be executed within 24 hours often

TENDING PHYSICIAN: The low the hospital or attending physician.

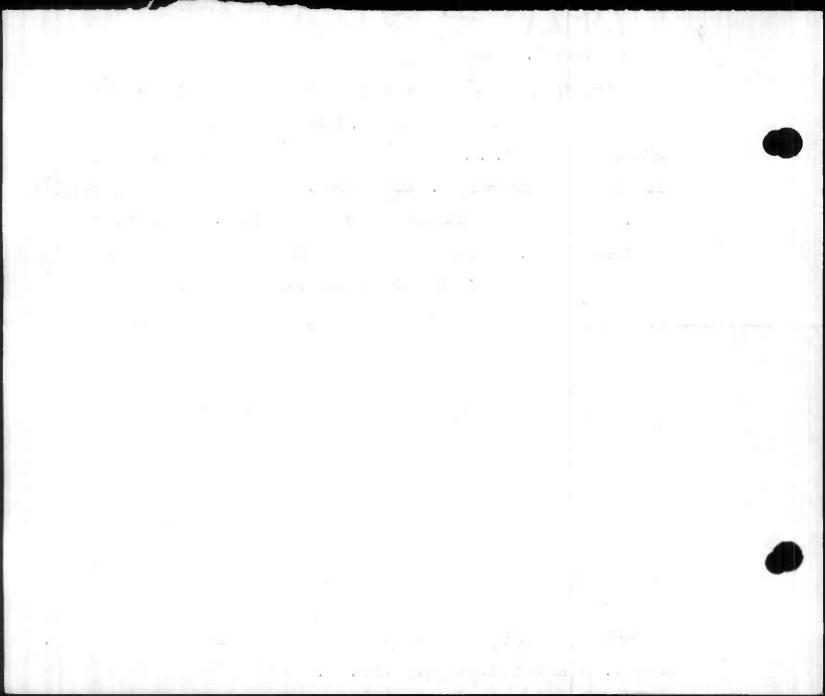
TO HOSPITA

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director; should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages, and 2 should be filed within 72 hours ofter with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR		DEPARTA		E OF MARYLAND BEALTH AND MENTAPHYG	TENE 0	9 3 4	9	
1 -	STATE REGISTRAR Grace	G. Coch			ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST GRANT	CE	MIDDIE	CO	CHRAN	20. DATE OF DEATH	4-12.	-84 2	h. HOUR
3. SEX	(4 RACE		S. DATE O		6. AGE (IN YEARS LAST BIR			FUNDER 24 I
	emale	White		June	1	69	YRS.		
7a. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF	DEATH	
	ryland	U.S		WIDOWE	DIVORCED	Baltimore			
	ltimore	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	CROTHER INSTITUTION	(TYPE OF WORK FOR MOST OF INSPECTOR	OF WORKING LIFE)	126 KIND OF INDUSTRY (Unifo
	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimon	N	13d INSIDE CITY LIMITS? YES NO	136 STREET ADDRESS	ZIP CODE	treet	13
14. FA	THER'S NAME	MIDDIE	LAST		15 MOTHER'S MAIDEN NA	WE		LAST	
	Albert	F.	Cochran		Edith	WIDDLE	Car	mmeron	
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI			
{Y	NO NO OR UNKNOWN) (IF YES, G	THE WAR OR DATES)	217 07 3	321	Audrey Davis	same as	13 e		
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse foll, stating the underlying couse last. PART 2. OTHER SIGNIFICANT PART 3. OTHER SIGNIFICANT 190 DATE OF OPERATION	conditions co	infect	DEATH BUT	NOT RELATED TO THE TERM WAS PERFORMED	100 AUTOPSY?	20b IF YES, W	VERE FINDING	
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR				
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e: PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STAT
	220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATORE	n	19		nd that in (my) (our) opinion DEGREE	, to	stè ond haur or		
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	C		ATTENDING PHYSICIAN [DIRECTOR PHYSIC		4/12	184
	100m VI	c .	Goco	11.00	105 -	1.000			
	SURIAL, CREMATION, REMOVA	1 236. DATE 4/16/	/01.	NAME OF C	EMETERY OR CREMATORY	73d LOCATION CITY OF TOWN Baltimo		OUNTY	Md

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DHMH - 16 50M 4/83 (VRA 15, 4)



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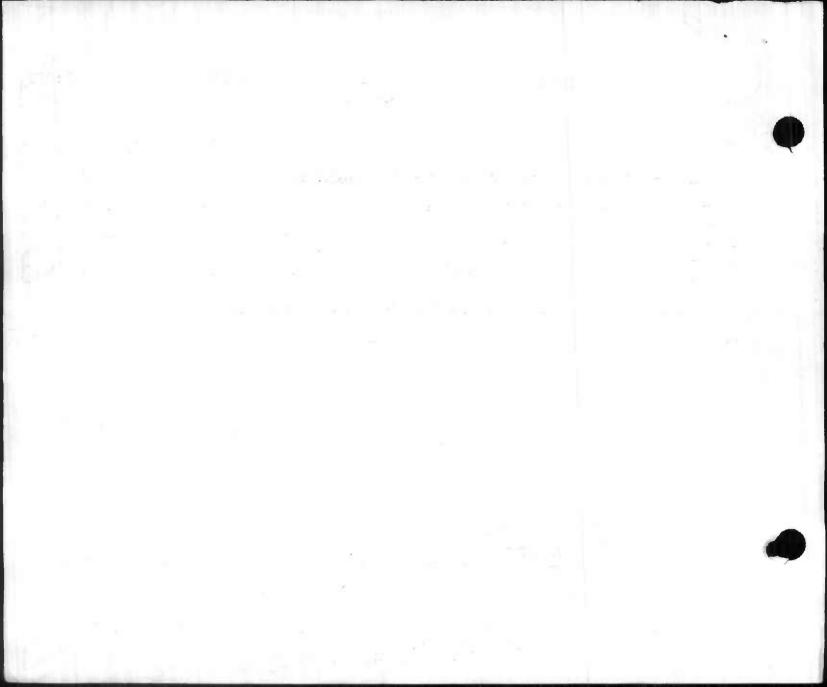
IMPORTAINT: # Nem 21 Is

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9 8

1	1-	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTACHY	YGIENE	REG. NO	9 3	5 0	
1		CEASED NAME	FIRST	,	MIDDLE	£.	AST	2c. DAT	E OF DEATH A	AONTH DAY	YEAR	2b. HOUR
H			David		A		Cohn		/13/84			8:00R
	3. SEX	MALE		WHITE		5. DATE C	of BIRTH y 170, 1963 YEAR		(IN YEARS LAST BIRTH		UNDER TYEAR	HOURS MIN.
5	C	RTHPLACE (STATE OR F	OREIGN 7b	USA	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED X	Λ.	MORECHY OF			MD.
2	Mary	or town of DEA		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION Hospital		UAL OCCUPATION WORK OF LESMAN		126 KIND OF INDUSTRY RETAI	BUSINESS OR
5	USUA	AL RESIDENCE (IF NURSI		ER INSTITUTION.		E ADMISSION)	134 INSIDE CITY LIMITS?	13e STRI	EFT ADDRESS OF CAMPE	ZP COD€	RD. (2	21207)
6	II. FA	THER'S NAME ISADORE	^'A	LEXANI	DER COHN		15 MOTHER'S MAIDEN N		WIDDLE		LAND	
	160° W	VAS DECEASED EVER	IN U.S. ARMEE		212-90-9		ISADORE A.	COHN	3706 C	SS CAMPFIE	ELD RD.	(21207
(A)	1 A T	Conditions, if ony, gove rise to imm couse (a), stating underlying cause	which dediate g the last.	DUE TO, OI	R AS A CONSEQU	ENCE OF	enally A	Hres			4/8	3 → proj
+	CERTIFICATION	PART 2 OTHER SIGN	Sepsi S	3			NOT RELATED TO THE TEI		SEASE OR COND	20b. IF YES, V	VERE FINDING	GS USED
_	ERTIFIC	21g. ACCIDENT WAS UND	ERLYING [21b. TIME O	F INJURY		21c HOW INJURY OCCU	YES URRED (ENT	NO NO	YES		NO [
	MEDICAL O	OR CONTRIBUTING C	AL EXAMINER)	Ρ.	M	AY YEAR						
	MED	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗀	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM ETC)	211 LOCATION STREET		CITY OR TOW	VN.	COUNTY	STATE
		220 I certify tha (1) saw the decease above (1) we) (d	d alive on	4	13 19	844	nd that is (my) (aur) opinion	n death oc	curred an the da	te and haur a	nd fram the c	no (II) we) last ouses stated
		27b. SIGNATURE	10	W	1. 14		ATTENDING PHYSICIAN		CAL STAFI		776 DATE S	13/PY
		224. PHYSICIAN'S NA	RUIN		nohig		77e ADDRESS	ife	St.	Bal	tun	e'
		URIAL, CREMATION, SPECIFY) BURIAL		23b. DATE 1/15/84			EMETERY OR CREMATORY ZION CEM.		OCATION CITY OF TOWN ROSEDALI	E, BALT	OUNTY MD.	STATE
	24 FU	INERAL DIRECTOR NAME 6010	SOL I REISTE	EVINSO RSTOWN		S. TIMOR	E, MD. (212 A \$	-	BY REGISTRAR 2	Sb. REGISTRA	R'S SIGNATU	naete.

DHMH - 16 50M 4/83 (VRA 15, 4)



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SP	D.	Z	be	S	Y/
9	nec	3	Pla	4	8
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	etained by the haspital ar attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral little of the formal little o	Sha	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.	MPORTANT: If Item 21 is marked or Item 18 than any injury, or other traumatic event, the medical examines must be forful of tange.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	4	0	9	8	5	
	DEC NO					

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(TYPE OR PRINT)	ulius	COHEN	21	5 84 4:30 M
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
male	CAUCASIAN	MONTH DAY YEA	8 Le C YR	MONTHS DAYS HOURS MIN.
7a BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 _	- 9 BALTIMORE CITY OR COUN	
Balt. Md.	US	MARRIED NEVER MARRIE WIDOWED DIVORCE	DO Baltin	nore CITY MD.
10 CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. 		IN ISPAMANG CUPATION	126 KIND OF BUSINESS OR
Ball. No	Universit	HOSPITAL	1800 xxxxx Merch	ent Marines
USUAL RESIDENCE (IF NURSING HOME OR 13a. STATE			115? 13e.STREET ADDRESS / ZIP CO	APT. 302 ERN PKWY. 21210
14. FATHER'S NAME		15. MOTHER'S MAID		
XXXXXX MORRIS	Coher	FIRST	WIDDLE	Warrasky
160 WAS DECEASED EVER IN U.S. AR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MRS. RUTH S.ADOUHEN	APT. 302
(YES, NO OR UNKNOWN) (IF YES, GIV	216-07		W. NORTHERN	
18 CAUSE OF DEATH (Enter on	nly one couse per line for (o), (b), on	d (c=.1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE	TE CAUSE (D) CARdia	acarrest		
4100	DUE TO, OR AS A CONSEQUE	NCE OF		
Canditions, if any, which		hmia		
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	INCE OF		
underlying cause last.		saram		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(b)
3 Renal Gally	re MI			
Renal Au / U 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA		OCCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEA	AID	19		
(IF EITHER NOTIFY MEDICAL EXAMINES	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITORIOWA	SIMIC
	ital) attended, the deceased from _	4/13 10	84 to 4/15	19 84, that (I) (we) lost
saw the deceased alive an	4/15 19	89 , and that in (my) (our) a	pinion death occurred on the date and	
above, (I) (we) (did) (did no 22b, SIGNATURE	it) view the body ofter death.	DEGREE		22c. DATE SIGNED
merel	'er	ATTEND	DING MEDICAL STAFF	4/10/84
22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS		
Meckigiz		unu	versely Hos	DIFA
23a. BURIAL, CREMATION, REMOVAL	23b DATE 23c h	NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	
(SPECIFBURIAL	APR.16,1984 BI	NAT ISRAFI	BALTIMORE	COUNTY STATE
24 FUNERAL DIRECTOR SOL I	LEVINSON & BROS.	INC.	Sa. DATE REC'D. BY REGISTRAR 256, REC	ISTRAR'S SIGNATURE
6010 REISTERSTON			APR 1 8 1984	Davidson-Mandelle
OOTO KETSIEKSION	IN NO. DALIU.	MD 71712	111 11 2 0 100 1	

DHMH - 16 50M 4/B3 (VRA 15, 4)

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MPORTANT: If them 21 is marked or them 18

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STATE OF MARYLAND

5 DATE OF BIRTH

MONTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0		U	7
REG. N	10.		
OF DEATH	44/004/114	DAY	VEAR

			44		0	3
	REG. No	Э.				
	20 DATE OF DEATH	MONTH	DAY	YEAR	2h HOU	IR
		4.	13.	84	1:1	28
	6 AGE (IN YEARS LAST BIR		IF UND		IF UNDER	
	829	YRS	MONTHS	DAYS	HOURS	MM.
1	9. BALTIMORE CITY O	R COUN	TY OF D	EATH		

MARRIED . DIVORCED

13e.STREET ADDRESS / ZIP CODE

MIDDLE

126. KIND OF BUSINESS OR INDUSTRY AT HOME

HEBREW HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13o. STATE 13b. COUNTY 13c. CITY OR TOWN

4. RACE

BALTIMORE

13d. INSIDE CITY LIMITS? NO [15. MOTHER'S MAIDEN NAME

AMLEHT CT

LAST

MARYLAND 14. FATHER'S NAME

- STATE

REGISTRAR DECEASED NAME TTYPE OR PRINT

> LAST MIDDLE FOX 166 SOCIAL SECURITY NO

7h CITIZEN OF WHAT COUNTRY?

BESSIE 17 INFORMANT

ADDRESS

LINKNOWN

160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) NO

GERSHON

Conditions, if ony, which gave rise to immediate couse (a), stating the

underlying couse

CERTIFICATION

MEDICAL

a. per

8

216-32-7274D

MR. MARVIN COLEMAN

4615 OLD COURT RD.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE ID

DUE TO, OR AS A CONSEQUENCE

DUE TO, OR AS A CONSEQUENCE O

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NO

IN CERTIFYING CAUSES OF DEATH?

206. IF YES, WERE FINDINGS USED

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

21f. LOCATION

714. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

COUNTY STATE

NOT WHILE AT WORK 22a. | certify that (1) (this hospital) ottended the deceased from sow the deceased alive or

STREET

(our) opinion death occurred on the date and hour and from the causes stated

obove, (1) (we)(did) (did not) view the body ofter death 226 SIGNATURE

DEGREE ATTENDING PHYSICIAN 77e. ADDRESS

MEDICAL

STAFF DIRECTOR PHYSICIAN 22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL (SPECHTY BURIAL

23c NAME OF CEMETERY OR CREMATORY

BALTIMORE HEBREW CEM

and that in (my)

23d LOCATION

MARYLAND

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR

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shauld be deto with the State IMPORTANT:

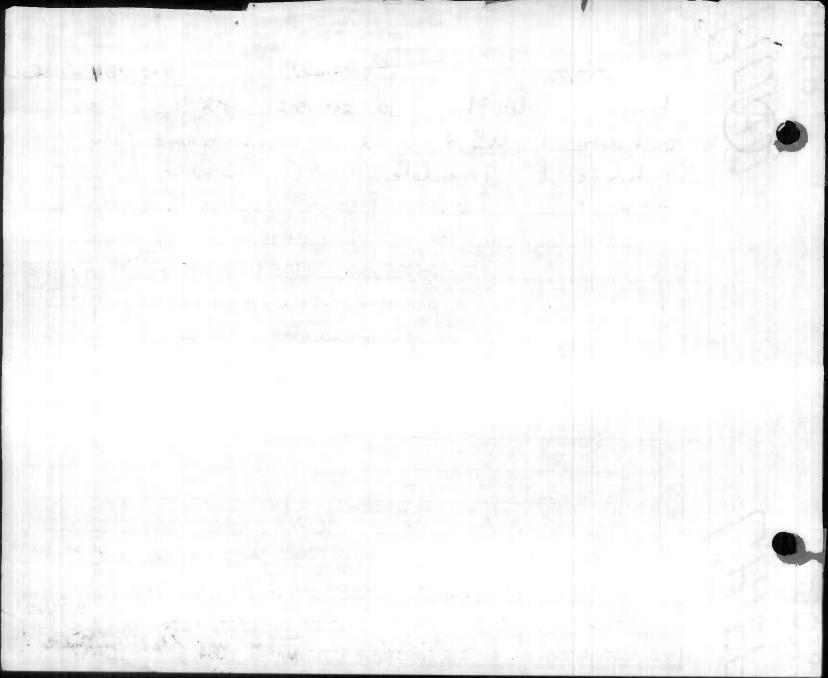
SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

23b. DATE

4/29/84

REISTERSTOWN

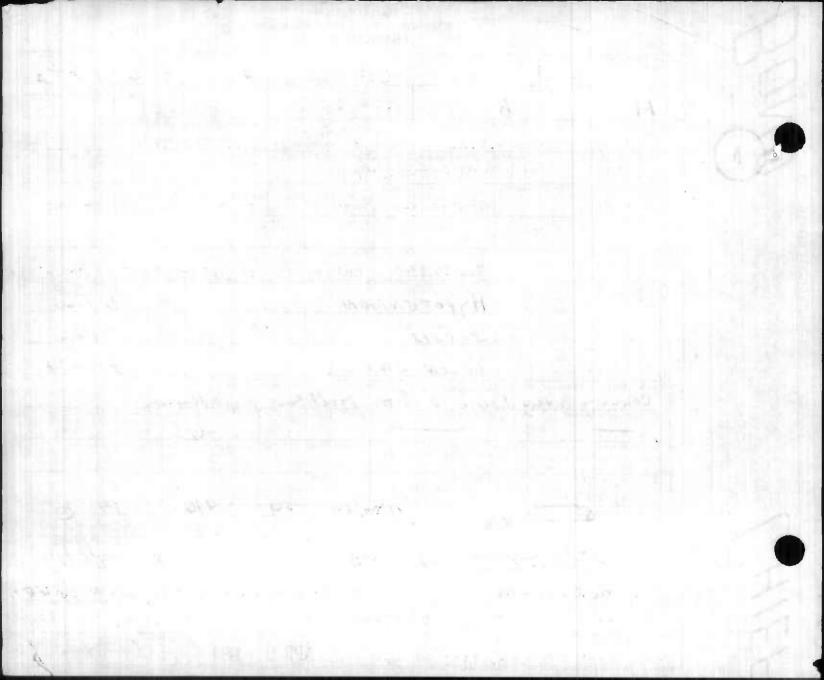


STATE OF MARYLAND

8 4	110	0	Q	2	Ana	
REG. N	10.		,	Q	-	0
ATE OF DEATH	MONTH	DAY	YEAR	\prod_{i}	26 HOUR	

FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	0 9 8 5 3
1. DECEASED NAME FIRST (TYPE OR PRINT)	gh E	coleman	20 DATE OF DEATH MONTH	6 84 PEAM
3. SEX	4. RACE B	S. DATE OF BIRTH MONTH DAY YEAR 12 26 18		IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED X DIVORCED	BALTIMORE CITY OR COL	TY MD.
BALTIMORE	VA MEDICAL CENTE	ER BALTO MD	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
Maryland 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNTY 136. CITY OR TOWN Baltimo	re YES XX NO [13. STREET ADDRESS / ZIP 0 7003 Paris	
14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDOLE	LAST
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) YES	ARMED FORCES? 166 SOCIAL SECUL GIVE WAR OR DATES) 125 10 28		C.Spurlock	2938 St. Luke's
PART 1. DEATH WAS CAU	DUE TO, OR AS A CONSEQUE	ENSION NCE OF		If hours 7 days 3 months
PART 2. OTHER SIGNIFICAN COLOMAN (1) 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	tery dipense, Dig	DEATH BUT NOT RELATED TO THE TERM LA CONTROL OF THE TERM DEFENTION WAS PERFORMED	Hypertenzie	N GIVEN IN PART TIO IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\sum_{NO} \)
2) 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONTH DA	Y YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITE	
220.1 certify that this has sow the deceased alive above. (I) (we) (did) (did) (22b. SIGNATURE	spital attended the deceased from on 19 on only view the body after death.	DEGREE ATTENDING PHYSICIAN [deoth occurred on the dote on	d hour and from the couses stated 22c DATE/SIGNED
230 BURIAL, CREMATION, REMOV	17 6 1 N AL 236. DATE 236. N	JOHNS HOP JOHNS HOP AME OF CEMETERY OR CREMATORY TRISON FOREST N	23d LOCATION	11150UNY Md.
24 FUNERAL DIRECTOR NAME Wm C March F	/H Inc., 1101 E	The i	TE REC'D. BY REGISTRAR 256. R	

DHMH - 16 50M 4/83 (VRA 15, 4)



0/		
J. Marie	1-	FOR STATE REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

FIRST

RUTH

0

STATE OF MARYLAND

COLLINS

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

LAST

G	ENE 8 4 0 9 8 5 4
	April 04-30-84 1:55pm
)	6 AGE (INYEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE, CITY
	126. USUAL OCCUPATION 139E OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE 126. KIND OF BUSINESS OR INDUSTRY
AA	13. STREET ADDRESS / ZIP CODE 22 Dunbar Ave. 2/228 AE MIDDLE King LAST
1	ay/6028 Balto. Ave.
	EMA HOURS
	LUPE INAL DISEASE OR CONDITION GIVEN IN PART 1(a)
_	RIMARY IN THE LUNG

4. RACE 3. SEX 5 DATE OF BIRTH 28, 1920 Feb. Negro Female & BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED North Carolina U.S.A. WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Saint Agnes BALTIMORE CITY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Catonsvill 1 13d. INSIDE CITY LIMITS? Baltimore Maryland FATHER'S NAME 15 MOTHER'S MAIDEN N MIDDLE Clay Lizzie WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 212-22-1013 Evelyn C 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER CERTIFICATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TH NO [] NOF 21a ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

abave, (1) (we) (did) (did nat) view the bady after death IAN'S NAME ITHE OFFEN 274 PHYS 230 BURIAL, CREMATION, REMOVAL Burial

saw the deceased alive an_

236 DATE 5/5/84

220.1 certify that (1) (this haspital) attended the deceased from

230 NAME OF CEMETERY OR CREMATORY Arbutus Memorial

22e ADDRESS

DEGREE

STAFF

and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

Arbutus (Balto.Co.

22¢ DATE SIGNED

DHMH - 16 50M 4/83

should be deto

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MPORTANT

prior

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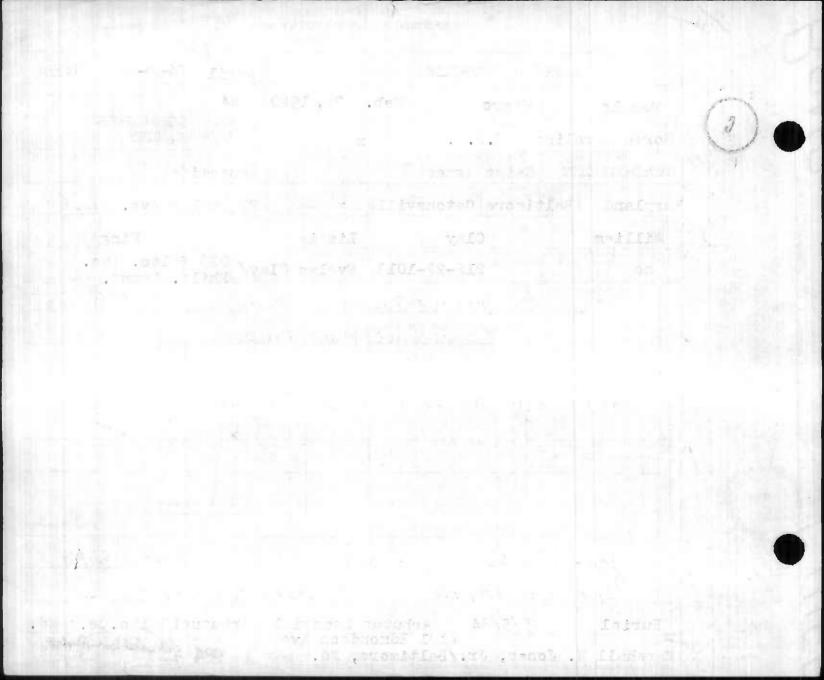
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4101 Edmondson W. Jones, Jr./Baltimore. Md.

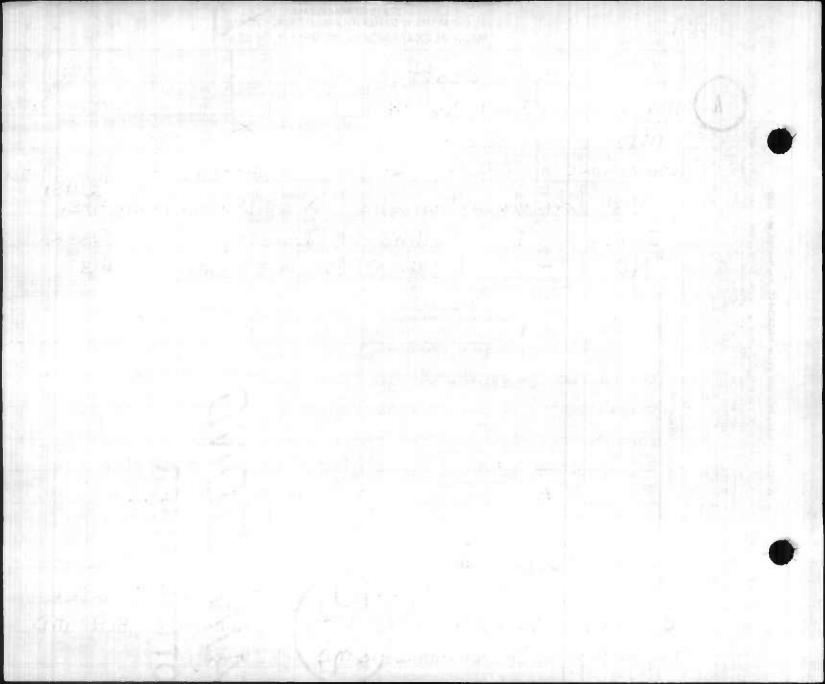
AYLOR

ATTENDING

(VRA 15, 4)



	A 1	1		STATE OF MARYLAND	
	2		FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENES	9 8 5 5
62			STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
*			CEASED NAME FIRST		NTH DAY YEAR 75 HOUR
			E OR PRINT)	OF ESTI- NA	
	DE STATE		Willia	am Scott Collins DEATH MATED	4/21/184
	SOE SE	3. SEX	4 RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MON	TH DAY YEAR 24 HOUR
	Text \	m	-1- 0	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	4/21/1984 B:21A
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\overline{M}	are Lauc.	(Qu), 1, 766 (Q183.)	
	132 17/	₩E BI	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	JNTY OF DEATH
	BARE	1	WD	USA WIDOWED □ DIVORCED □ Baltimore C	ity MD
	SHAME STATE	ffi. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WO	ORK 126 KIND OF BUSINESS
	PESES2X	R	ALTIMORE 1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR INDUSTRY 1
	35,38	- 6"		University Hospital Hitchdant	Killing Talion
0	PERSON I	13a. S	TATE IN DISH COUNT	IR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 13 CITY OR TOWN 13d INSIDE (ITY LIMITS? 130. STREET ADDRESS.	21401
212	428082		MD Hun	EHEUNDU Annapolis YESX NO 18 Woodlawn	Ave.
g	SATH. IF ES 1, 2, PM 3. NO2 2 SI	14. F/	THER'S NAME	15. MOTHER'S MAIDEN NAME	HIVE
2	A PATH		FIRST	MIDDLE LAST . FIRST MIDDLE	(LAST)
SE	A SE SE		James	1. Collins Dorothy	COOK
M	E PAGE FORM SES 1		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SO	ime as
1	55 _ 00	1	IND -	212-86-0531 Donothy C. Frantum	#13
-	124 HOURS A LIDNE WITH ALONG WITH T PERMIT. PAC GIENE, DIVIS		18 CAUSE OF DEATH (Enter on	4000 00 000 1 PO(0) 11 CO 1 (ATT COT)	APPROXIMATE INTERVAL
12			DADT I DE ATH MAAC CALICER	ly ane cause per line far (a), (b), and (c).) DBY:	BETWEEN ONSET AND DEATH
Z	/ITHIN 24 HOU CIL IN ITEM 18 IN THE ALONG TO VANSIT PERMIT FAL HYGIENE, REMOVAL.		OIE / IMMEDIAT	re CAUSE (a) Head Injuries	
STC		17	8130	DUE TO, OR AS A CONSEQUENCE OF	
OK.	NITHIN NCIL IN INER Y RANSI		Canditions, if any, which		
>	WITH MINER MINER TRAN	3	gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
-	TED WITHI N PENCIL I XAMINER AL - TRANS MENTAL I N, OR REA		lying cause last.	DOE TO, OK AS A CONSEQUENCE OF	
, 20	TE SHOULD BE EXECUTED WORD "FENDING" IN PI HE CHIEF MEDICAL EN ADDING TO BE USED AS A BURILAL ENT OF HEALTH AND ME			(c)	
CORDS	A B B S G S G		PART 2 DINER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
Ö	MEDIC MEDICAS A E	20			
OK.	DANA A A D. 7	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
A	SHOUL ORD "I CHIEF E USE T OF H	100			
-	*87.35.5°	Ē			YES [XX NO [
Ö	THE WOOD THE COULD BE RETAINED	8	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I C	impact impact
	SE S	¥	UNDERLYING OR CONTRIBUTING CAUSE OF D		
Sic	FOLIAN	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 211 LOCATION	ACG ODJECT
DIVISION	ARITHE DE 3	A A	WHILE NOT WHILE AT WORK X	STREET, FACTORY, FARM, ETC.) - STREET CITY OR TOWN	COUNTY STATE
П	E, WAR		AT WORK AT WORK X	Roadway RivaRd near AisquithFarmRd, A.A.	County, MD
	JATE, THIS GER CATE, WRITIN FORWARDED OR: PAGE 33 HE STATE DEP MD, 21201 PR	100	778 Leartify that I task chara	e of the remains described above, held an Autapsy 🛂, Inspection 🔲, Inquiry 🔲, and in m	y apinian
	MINER: TIFICATE BE FOR: ECTOR: TH THE S	/			yapınan
	MER MER		death resulted fram Natur	ral causes Accident XX Suicide, Hamicide, Undetermined manner,	
	CERTION BUILDINE		13/	TITLE (SPECIFY)	
	A HONE		SIGNATURE VIDA	where the Mark M.D. Assistant MEDICAL EXAMINER SK	TE 4/22/84
	OR SERVICE	1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	MEDICAL E ECUTE THE C GE 4 SHOU FUNERAL TER DEATH,		EXAMINER'S NAME	argarita Korell, M.D. ADDRESS 111 Penn Street, Baltimo	ore. MD 21201
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WAGE 4 SHOULD BE FORWATER TO FUNEAL DIRECTOR: PARTER DEATH, WITH THE STAR BALLIMORE, MARKEMAD, 21.	22 5			210, 110 21201
	- m a - d a	730 B	JRIAL, CREMATION, REMOVAL 2	A SITY OR TOWN	DUNTY STATE
	BP	LO	urial	br. 261984 Hillcrest Hongpolis	+H- WD
	DHMH - 17	24 E	INERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 1356 REGISTRAR	
	(VR A15 ME (5))	110	Markingn	Chapel-Anna colis MD APR 26 1982 Alles Davids	print the second
	20M 4/B2	TO	Migr Talleta	Chapel-Hinapolis, InD IAPR 20 1964 grandous	
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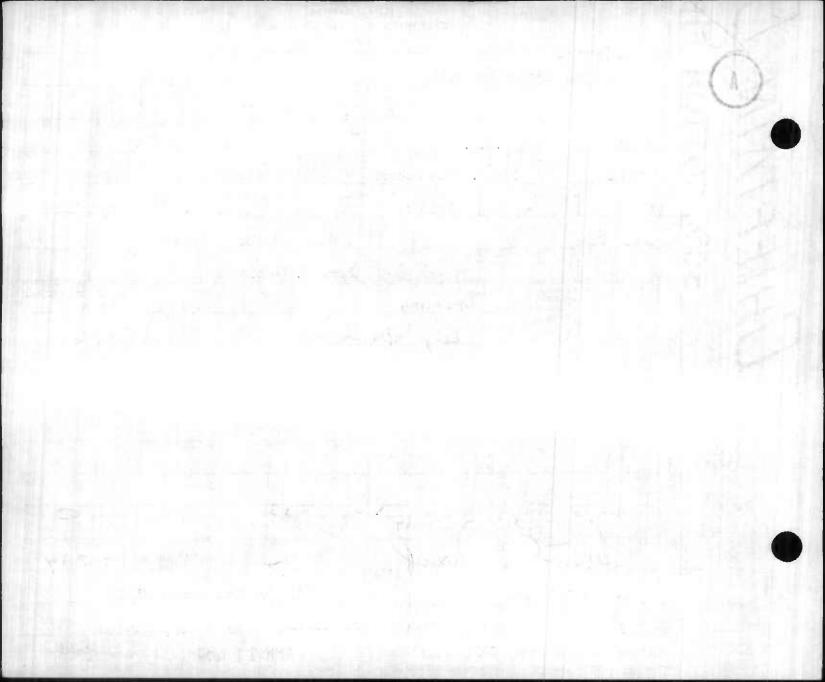
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishauld be detached for use as the busial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shaws any injury, or ather traumatic event, the medical

			Have Be		STAT	E OF MARYLAND					
	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 4 0 9 3 5 6 CERTIFICATE OF DEATH REG. NO. MIDDLE 1451 120 DATE OF DEATH WORLD DAY YEAR 12 HOURS							
		CEASED NAME FIRST	2a. DATE OF DEATH MONTH DAY YEAR 2b HOUR								
	Ellen Elizabeth Colvin April 5, 19										M
	3. SE	X	4 RACE		5 DATE OF BIRTH MONTH DAY YEAR		6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER LYEAR	IF UNDER 24 F	HR5
1	0	Female	White		July 4, 1926		57	YRS.	JA.113	NOOKS N	NAME.
17	70 B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? U.S.A.		MARRIED XX NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY O	OF DEATH			
4		aryland					Baltimo				
0		altimore	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 319 W. 27th Street		ADDRESSI	or other institution	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Clerical		12b. KIND OI INDUSTRY Paramo		
5	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 319 W.	27th 5	Street	21211	
	T	nomas Fahey	WIDDLE	LAST			zabeth Bou	chett	LAST		
1			MED FORCES?	217 20		James C. Co	lvin same	SS			
	NOI.	Conditions, if ony, which gove rise to immediate cause (a). Lung Camaca Due to, or as a consequence of Lung Camaca (b). Lung Camaca Due to, or as a consequence of Underlying cause lost Due to, or as a consequence of Underlying cause lost Due to, or as a consequence of Underlying cause lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
4	FICA	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
7	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in a	M. MONTH DA		21¢ HOW INJURY OCCURR	YES NO RED (ENTER NATURE OF INJUR	YES		NO [
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C		19 ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		220. I certify that 11 this hospital) attended the deceased from 19 19, to 19 1, that (I) (we) last stress that deceased discourse don't he date and hour and from the causes stated above. If the last discourse discourse don't he date and hour and from the causes stated above. If the last discourse discourse don't he date and hour and from the causes stated above. The last discourse don't he date and hour and from the causes stated above. The last discourse discourse don't he date and hour and from the causes stated above. The last discourse									
1		22d. PHYSICIAN'S NAME (TYPE O	R PRONT)	7000		22e ADDRESS	OWECTOR PHISIC			-/-	
							nestnut Avei	nue 212	211		
	B	Burial, cremation, removal Specify Surial	23b. DATE 4/9/84			Park Cemetery	23d LOCATION CITY OF TOWN Baltimor			STATE	
		urgëe Funeral H	Iome 36.	31 Falls	Road	21211 APR	REC'D. BY REGISTRAR	256 REGISTRA	ar's signatu	rdell.	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



								MARYLAND			D 1	3 5	2 200	1	7
		FOR STATE			DEPART	MENT OF H	IEALTH	AND MENTAL H	TYGIENE	lig .	U	7 0) ~	-	
		REGISTRAR		MEI	DICAL	EXAMINI	ER'S	CERTIFICATE C	OF DEAT	H	REG. NO.				
		EASED NAME	E FIRST		MIDDLE			LAST	20.	DATE KN	OWN [v]	MONTH	DAY	YEAR	76. HOUR
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REEL TON	3 SEX		4. RACE	S. DATE OF BIRTH		6. AGE (IN YEA		JNDER 1 YR. IF UNDER 24 HRS. 2t. DATE MON					23 19	9 84 YEAR	2d HOUR
SAFE				MONTH DAY	YEAR	LAST BIRTHDA		HS DAYS HOURS		ONOUNCE	D				2:30
0200		lale	Black	6-8-19		24 YR		DEAD 4						9 84	pm
3 3 3 1 1	7a BI	RTHPLACE (5)	TATE OR	76. CITIZEN OF WE	HAT COUN	ITRY?	8. MARR	ED NEVER MARR	IEDX 1	BALTIMOR	E CITY OR	COUNT	Y OF DE	ATH	
ANDER	N	Jaryla	nd	US	USA WIDOWED □ DIVORCED □ Baltimore Cit						itv			MD.	
1 00	10. CITY OR TOWN OF DEATH			11. NAME OF HOS	PITAL, NU	RSING HOME,	OR OTH	IER INSTITUTION	120 USUA	LOCCUPAT	ION (TYPE OF	FWORK	126 KIND	OF BUS	
18	1	Raltim	ore	In ite	CILITY, GIVE S	Hospit	21 (STU)	La	or working) LIFE)		OK II	MDOSIK	1
AL ZON	Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR O							510)							
A SOUTH A SA	130 STATE 136 COUNTY				Baltimore			T3d. INSIDE CITY LIMITS? YES NO	13° STREET	Bru	ce Sti	reet	21	217	
THENE	14. FA	14 FATHER'S NAME						15 MOTHER'S MAIDEN NAME					ĮA!	C T	
A SE	Louis Willi												Jones		
A S S C S	160. WAS DECEASED EVER IN U.S. ARMED					CIAL SECURITY	NO.	17. INFORMANT	, y	A	ADDRESS		0110		
E 586	(4)	S, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)				720 Page	h Ome	hand	Tano	21	222		
A REES		No									21	21222			
20 0 X X X X X X X X X X X X X X X X X X		18. CAUSE O	ATH WAS CALISED	RV.	se per line far (a), (b), and (c).)								BETWEEN ONSET AND DEATH		
AL. AL.		Q1-1	/ IMMEDIAT	E CAUSE (a) GU	nshot	wound	of	head (unsp	ecifie	ed wea	pon)				
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THIN 24 I JER ALON ANSIT PER AL HYGIE REMOVA			ns, if any, which se to immediate	(6)											
ON THE W		cause (a)	stating the under-	DUE TO, OR	AS A CON	ISEQUENCE C)F								
NA A A A		lying cau	ise last.												
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BE EXECU- ENDING" II MEDICAL E AS A BURI ALTH AND CREMATIO	CERTIFICATION														
	¥	19a DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPERA	WINDITA	'AS PERFORMED?		- 1			20 AU	TOPSY?	
WORD "PWORD "PRECHIEF I BE USED BURIAL, BURIAL,	F												YE	s 😾	NO 🗆
WE SEE	ERI		AL CAUSE WAS	21b. TIME OF	INJURY		21c H	OW INJURY OCCURRE	ED LENTER NAT	URE OF INJURY	IN ITEM 18 PAR	RT I OR PAR		20	
A HE SHE	1 2	UNDERLYING				DAY YEAR	A C.	shringt con	abat						
SHOU SHOU RIOR	MEDICAL	21d INJURY C	NG CAUSE OF D	DEATH 6:10.M	. 4-1	9- 19 84		ubject was	SHOU.						1
SE S	ME	WHILE		STREET, FACT	ORY, FARM, E			STREET		CITY OR TOWN		cou	INTY		STATE
WR WR AAG ATE		AT WORK	NOT WHILE X	str	eet		160	0 blk. Bru	ce Ct.	,Balt	.0.	2.1			Md.
RE P	100	22a Leertii	fy that I taak chara	e of the remains des	cribed abo	ive, held an	Autap	sy X Inspection	n []	Inquiry [] and	in my api	inian		
A S S S E S		death results		al causes	Accident		cide _	Homicide X		nined manne		my dp			
AN SECOND		deam resum	ea train: Natur	al causes,	Accident	L , 3011	cide		Underern	ninea manne	21				
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DEATH A SHOUL DEATH, AORE, A	1	SIGNATURE.	11100	VX	_		N	Assistan	MEDIC/	AL EXAMINE	ER	SIGNE	D 4-2	4-04	±
EDICAL UTE THE A SHO UNERAL ROBEATH MORE,	1	EXAMINER'S	NAME Ann	M. Dixon	MI			111 D	onn Ct	- Pa	1+0	F.M	21	201	
EXECUTION MEION PAGE A PATER I BALTIW		(TYPE OR PRI	NT) AIII	M. DIAOI				ADDRESS	enn St	., Da	100.,	Ma.	21	1201	
ANG LAS	23a.Bl	JRIAL, CREMA	TION, REMOVAL 2	36 DATE				R CREMATORY	23d LOCA	MOITA		COUN	JTY	STA	TE
BP		Buria	1	4-28-84		Mt. C:	alve	ry Cem.		altim				Md.	
DHMH - 17	24. FI	INERAL DIREC		ADDRESS				250. DATE	BEC'D BY RE	SISTRAR 984	256 REGIST	RAR'S SI	GNATU	RE	
(VR A15 ME (5))	-	NAME /	Th	on FH 191		Balto	St	reet AFI	62 7	1304	whia Da	Magan	-Man	della	
20M 4/82		rown/	Lnompso	11191) VV	Daric	, Di	1000							

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7	1.	FOR STATE REGISTRAR			DEF		NT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	HYGIEI	NE 8 4 REG. NO.	0	9 3	5 3
34		CEASED NAME OR PRINT)	FIRST	A	NIDDLE	/	7	AST	2	DATE OF DEATH	NTH DAY	YEAR 2	b. HOUR
	3. SE)		roth	RACE		3	DATE O			AGE (IN YEARS LAS BIRTHD	AY) IF U		F UNDER 24 HRS
	Ee:	male	20	White	3		NONTH 8	27 1927	7	56	YRS.	THS DAYS	HOURS MIN.
25	(RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	VHAT COUN	NTRY? 8.	MARRIED	NEVER MARRIED	9	BALTIMORE CITY OR			
4		ryland TY OR TOWN OF DEA	TH	U.S.A			HOME O	D DIVORCED [Baltimor La USUAL OCCUPATION		LY 12b. KIND OF E	MD. BUSINESS OR
		ltimore		(IF NOT IN SUC	H FACILITY, GIVE	STREET ADD	RESS)	ospital		TYPE OF WORK FOR MOST OF W	ORKING LIFE)	INDUSTRY	
9	USUA	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION		E BEFORE AD	MISSION)	13d. INSIDE CITY LIMITS?	2 13	3e. STREET ADDRESS			
2	Ma	ryland		timore		dall		YES NOXX		1716 Pine	wood	Drive	21222
2	Jo	THER'S NAME FIRST		MIDDLE	Jawor		ci	Louise		MIDDLE		LAST	
17		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL			17 INFORMANT		ADDRESS		TE, The	
	No				220-	22-7	7706	Allen M.	Co	ombs	Same	as 13	TE INTERVAL SET AND DEATH
ony injury, or officer fraumona	FTIFICATION	Canditians, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS C			ums	SEQUENI GIODE	CE OF	NOT RELATED TO THE YE emboli - N WAS PERFORMED	ERMIN P	200 AUTOPSY?	Ob. IF YES, W	IN PART 1101 VEREFINDING IG CAUSES O	S USED
1	9	210. ACCIDENT WAS UND	_	110110	FINJURY M. MONT	H DAY	YEAR	21c HOW INJURY OCC	CURRED	O (ENTER NATURE OF INJURY I	N ITEM 18 PART	ORPART 2)	
Ked or	MEDICA	(IF EITHER, NOTIFY MEDIC 21d, INJURY OCCURF WHILE NOT WH AT WORK AT WO	RED	21e PLACE		OFFICE, FARA	19 n, etc }	211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
и 21 15 шо		22a. certify that (1) saw the eccess above (1) we) (c				from		nd that in (my) our) opinion	nion dec	to April 5	and hour or	nd from the ca	
E		22b. SIGNATURE	ren	Fin	Da				G _	MEDICAL STAFF DIRECTOR PHYSICIA	NX	22c. DATE SI	GNED
A L		5 Aren	F	RIDI	26			Baltimore	Cil	y Hospitals			
	. (BURIAL, CREMATION,	REMOVAL		1001			EMETERY OR CREMATOR	RY	A3d. LOCATION CITY OR TOWN		YINUO	STATE
82	24. FU	rial JNERAL DIRECTORD NAME NAME			Inc.	DRESS			DATE R	Baltimor REC'D. BY REGISTRAR 25		R'S SIONATUR	aryland
		922 Wise	Ave.	nue i	Dunda	IK,	. עוניו	21222	rk	10 804			

DHMH - 16 50M 4/82

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. filled in l

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages Land 2 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

74 FUNERAL DIRECTOR Duda-Ruck, 7922 Wise Avenue Wise Avenue (VRA 15, 4)

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician.

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hours	2 a a a
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executed within 24 hours after death. Page 4 may in	and completely filled in by the functor director, powerings.) and 2 months in filed written 72 hours offer di

STATE OF MARYLAND DED A DEMENT OF HEALTH AND MENTAL HYCHENE

8	4	0	9	उ	5
	REG. NO.				

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	1 -	STATE REGISTRAR			DEPAKI		ICATE OF DEATH	H HTGIE	-	EG. NO.		7	, ,	1
ı		EASED NAME	FIRST	A	NDDLE	L	AST	2	a. DATE OF DEA	ATH MO	нтис	DAY YEAR	2b HO	UR
1	(TYPE C	OR PRINT)	Willia	m He	nny		naway		April		7,	1984	9:3	711
	3 SEX			RACE		5. DATE C	F BIRTH YE		AGE (IN YEARS L	AST BIRTHD		MONTHS DAYS	# UNDE	R 74 HRS
	1	Male			ite	Oca	t. 12. 191	3	70		YRS.			
		THPLACE (STATE	OR FOREIGN 7	L CITIZEN OF	WHAT COUNTRY	8. MARRIEI	NEVER MARRIE	D - '	BALTIMORE C					
2	/	Maryl		USA		WIDOWE	D DIVORCE	D 🔲	Baltin	nore	Cit			MD.
1	V	1timore	DEATH	(IF NOT IN SUC	iospital, nursi Heacility, give stree and Gene	(ADDRESS)	or other institutions of tal		Ret. F		VORKINGLI	126 KIND (INDUSTRY Doen.	(nou	
5	USUA 110. ST	i residence in rate anyland	MI COUN	THER INSTITUTION.		RE ADMISSION)	13d. INSIDE CITY LIM	X	STREET ADDI	RESS / Z	IP CODE	Ave.	Sea. 212	25
1	1	William		A.	Connawa		15 MOTHER'S MAID Genald	ine	Cat	heri	ne	McKee	51	
Ц	16a. W	AS DECEASED EN	VER IN U.S. ARA	MED FORCES?	16b. SOCIAL SEC	DRITY NO.	17 INFORMANT	_		C	,	11		
1	3	yes	luv .	2	212-10-	7845_	Dorothy	(onn	away .	Same	as		CIMATE INTI	
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		PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR	CONDIT	ION GN	VEN IN PART 1	10.	
7	2	March 24			noma of		N WAS PERFORMED		200 AUTOPSY		IN CERTIF	S, WERE FIND FYING CAUSE ES		TH?
1		210. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING CAUSE OF DEAT	216. TIME O	FINJURY M. MONTH D		21c. HOW INJURY (OCCURRE						
	MEDICAL	214 INJURY OCC		21e. PLACE			21f LOCATION STREET		CII	Y OR TOWN	1	COUNTY		STATE
			t \chi (this hospite eased alive on e) (did) (XXXX)	April 1	deceased from 19 ofter death.	34, or	19 , 19 and that in (n) (our) o	84 opinion de	, to Apri oth occurred on	1 7 the date	and ha		that X causes s	toted
_		226. SIGNATURE	7 A-	well	3		ATTENU PHYSIC	DING CIAN	MEDICAL DIRECTOR P	STAFF	'N 🔲	ZZC DATI	SIGNEL	
		224. PHYSICIAN'S	Wells.				c/o Mary	yland			spit	al		
		URIAL, CREMATIC SPECIFY) Bur.		236. DATE 4/11	1001. 0	NAME OF C	ill Cometa	enii	23d LOCATIO CITY OR TO Balt	OWN	A	A. Co.	, 1	H.
	11	NERAL DIRECTO		lomes 2	Baltaness	Md., a	21225	*APR	12 198	STRAR 75	REGIS	TRARIS SIGNA	TURE	

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbanpapers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DHMH - 16 50M 4/83 (VRA 15, 4)

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9	REGISTRAR	AF FIRST	MED	MIDDLE	VER'S C	ERTIFICATE (REG. NO				
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	ale	White	MONTH DAY	YEAR LAST BIRTH	DAY) MONT		MIN. PRONOL	INCED				17 117
1	IRTHPLACE (76 CITIZEN OF WH		YRS.		DEA	MORE CITY O	4 COUNT	_	1984	6p N
) F	DREIGH COUNTRY		U.S	.A.	WIDOW		CED XX Bal	timore	- City	,		ME
1D. C	ITY OR TOWN	OF DEATH		PITAL, NURSING HOM		ER INSTITUTION	FOR MOST OF WO	UPATION (TYPE DRKING LIFE)	OF WORK	126 KIN	ID OF BU INDUSTI	SINESS
1	Baltim		Loch Rave	en V.A. Hos	spita]	L	Salesm	an		To	bace	CO
13a S	AL RESIDENCE STATE VId	13b. COUN		134. CITY OR TOWN Baltimo		Tad. INSIDE CITY LIMITS?	13. STREET ADDI 2811 E	Beechla	and	Ave	21	214
14. F	ATHER'S NAM	E	MIDDLE	Conwa		15. MOTHER'S MAID FIRST Saral		MIDDLE	Was	hin	gto	n
	YES, NO, OR UNKN	ED EVER IN U.S. AR	WAR OR DATES)	166. SOCIAL SECURI		17. INFORMANT		ADDRESS				
	Yes	1950	-1952	216-20-	3080	Dorothy	Dardas	Same	as	13e		
CERTIFICATION	gove couse (couse (cous		DUE TO, OR A	AS A CONSEQUENCE UT NOT RELATED TO THE TER	RMINAL DISEAS		ART 1 to				UTOPSY?	_
RTIFIC	21a EXTERN	IAL CAUSE WAS	21b. TIME OF	INTERV	714 H	OW INJURY OCCURR	ED SOUTED MATINE OF	NIHOV IN ITEM 10 0	ART LORDA	Y	ad Kor	J'A 🗆
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MED	WHILE AT WORK	OCCURRED NOT WHILE AT WORK	STREET, FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)	?	CATION STREET	CITY OR 1	OWN	со	YINU		STATE
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G	eorge	J. Gond	e 400TRESSI	Ritchie H	Hgwy	Balto	REC'D-BY REGIST	TAR 25 REGI	Daries		nolali	2

20M 4/82

MEAST FOR DEAL AS A STANLING S Late are made white the area becomes and seed of

attending physicial

haspital

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

10-23-1946

MARRIED X NEVER MARRIED

DIVORCED

13d INSIDE CITY LIMITS?

5. DATE OF BIRTH

WIDOWED

HOSPITAL

Caok

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

GIVE RESIDENCE BEFORE ADMISSION

CITY OR TOWN

REG. NO 20. DATE OF DEATH MONTH

9. BALTIMORE CITY OR COUNTY OF DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

ALTO.

6. AGE (IN YEARS LAST BIRTHDAY)

37

120. USUAL OCCUPATION

130 STREET ADDRESS

MECHANIC

1984

IF UNDER I YEAR

26. HOUR

12b. KIND OF BUSINESS OR

21224

CITY

9:30 pm

IF UNDER 24 HRS.

MD.

DERICK COOK LAST LILIAN 1-005	
	LAST
IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 114-44-2373 Mrs. Charyl A. Coch-437 N. Rol	
H (Enter only one couse per line for io), (b), and (c). AS CAUSED BY: AMMEDIATE CAUSE (a) Cardiorespiratory Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
which ((b) Rule Out Liver Failure	
DUE TO, OR AS A CONSEQUENCE OF lost. DUE TO, OR AS A CONSEQUENCE OF LOST. DUE TO, OR AS A C	
IFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1ro
	/ERE FINDINGS USED IG CAUSES OF DEATH?
ERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I ALEXAMINER) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I PA	I OR PART 2)
ILE D 21e. PLACE OF INJURY 1AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY STATE
ed alive an April 27. 19.84, and that in (an four pointon death accurred an the date and hour an individual view the body offer death.	
Geogle Shows ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	224. DATE SIGNED 4/27/34
Me (TYPE OF PROTI) 220 ADDRESS XChurch Hospital	212/31
orge Thomas M.D. 100 N. Broadway Baltimor	e, Maryland
REMOVAL 236. DATE 234. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF CHARLES OF FAITH BALTO., M.	OUNTY STATE
250 DATE REC'D. BY REGISTRAR 251 REGISTRAR 2	don-Randell

the ely filled in by the should be filed 3 ond 2 comple ve carbanpapers. Pages puo ğ physician £ ottending ŏ ematian. other 1 burial, plea I signed I ò 0 been prior ony certificate has the burial-transit per and Mental Hygiene After this r use as t TO FUNERAL DIRECTOR: ō should be detached with the State Dept. BP

IFICATION

CERT

MEDICAL

FOR

- STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

M

To BIRTHPLACE I STATE OF FOREIGN

MARYLAND

10. CITY OR TOWN OF DEATH

14. FATHER'S NAME

BALTO

OR UNKNOWN)

Conditions, if ony, which

gove rise to immediate

cause (a), stating the

underlying cause last.

198 DATE OF OPERATION

21d INJURY OCCURRED

226. SIGNATURE

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OF PRI

saw the deceased alive on April
above, the well did told not view the body

George

NO

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I DEATH WAS CAUSED BY

1136 COUNTY

REDERICK

CLIFFORD

LIT I RAPEL

18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c).

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT

Metabolic Encephalothy, Renal

22a I certify that the this haspital attended the deceased from Ann

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

HURCH

U.S.A

DECEASED NAME

00 . 10 21 IMPORTANT: If Item

(SPECIFY) BURIAL UNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

N 10+25-144 37 FIRST DESCRIPTION AND A CONTRACTOR OF THE PROPERTY OF THE PROP BALTO CHURCH HOSPITAL NICHARDS CITY FREDERICK COOK THE COMMENT OF THE COUNTY CONTRACTOR OF THE PROPERTY OF PURENT S. P. SH CONTROL CONTRO 1 The month of the Park the of the

requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician.

	1-	FOR - STATE REGISTRAR	DEPART	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 9	3 6	2
	(TYPE	CEASED NAME	Ry M.	C	bok		4-13	YEAR 26 HO	OPM
	3. SE	Male	TWhite	5. DATE C	29 92	6. AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS	ER 24 HRS
35	· ·	RTHPLACE STATE OR FOREIGN	U.S.	MARRIE		Dutin	oRel	nd	MD.
46		Batinge AL RESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL, NURSI (FNOT IN STCHEACHITY, GIVE STREE	ADDRESS)	K OTHER INSTITUTION	TYPE OF WORK FOR MOST OF		TE KIND OF BUSH	VESS OR
33	130 5	13b COUN	NTY 13/2 ITY OF TO	mole	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	fayette	Ave. 21	217
M)	ATHER'S NAME FIRST	MIDDLE		FIRST	WIDDLE		LAST	
/		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC 28-34	- 0543	Ms. Helen	Cook Bal	ss 7229 to., Md	101 Tra 21224	RAVER
or direct production of the pr	フ	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	UENCE OF	pheumon	i <u>e</u>		APPROXIMATE IN BETWEEN ONSET AP	PRVATH OPENTH
The state of the s	CERTIFICATION	6).	conditions contributing to	2.		20a AUTOPSY?	20b. IF YES, WE	RE FINDINGS US CAUSES OF DE	ATH?
9	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	216. HOW INJURY OCCUR	RED (ENTER MATURE OF INJUR	YESYESYESYES	NO OR PART 2)	
orkeo o	MED	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC)	STREET	CITY OR TO	VN	COUNTY	STATE
om si 17 ma	18	sow the deceased alive an	nital) attended the deceased from 19_01) view the body after death.	84,00	d that in (my) (our) opinion	death accurred on the do	te and hour and	from the couses	stated
		mathew			ATTENDING PHYSICIAN [MEDICAL STAF	F IAN D	4-13-	84
		A. Maften			Lutheran to		30 Ash	by stant	· + ·
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL:	the state of the same of the s		s Evang. Luth		dia	UNITY Md	STATE
B2	100	UNERAL DIRECTOR NAME Dabrowski	i -1005 Dundalk	Balto	., Md. 250 AP	R24 984	THE SECOND	Se Manie	Å

DHMH - 16 50M 4/B2 (VRA 15, 4)

Walter Dabrowski -1005 Dundalk

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funer should be detached for use as the busial-transit permit. Then please remove carban popers. Pages Trand 2 strould be filed within? with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

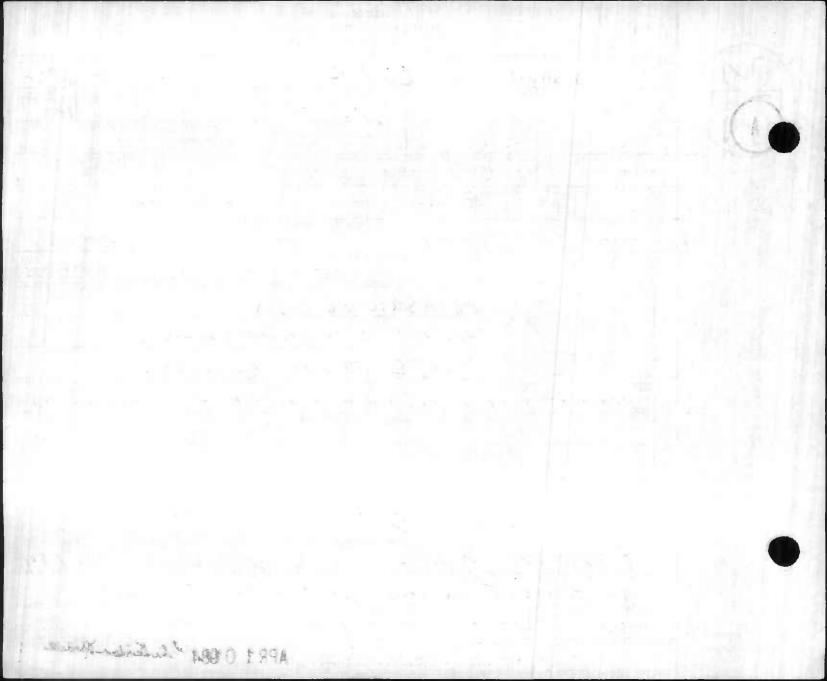
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

1.	FOR STATE REGISTRAR	*	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG NO.	93	ó s
	CEASED NAME OR PRINT)	FIRST	WIDDLE		AST	20 DATE O	FDEATH MONTH	DAY YEAR	26 HOUR
3		JOSHUA	Α.		OPER		4	784	1 /TM
3 SE	MALE	4 RAC	WHITE	5. DATE C	IL 6 1984	6 AGE (INY	EARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
7a B.	IRTHPLACE (STATE OR FOR OUNTRY)	Th. CITI	ZEN OF WHAT COUNT A	MARRIE WIDOWE	NEVER MARRIED X		IMORE C		MD.
	ALTIMORE		AME OF HOSPITAL, NU NOTH SUCH ACUITY GIVE C		SPITAL		OCCUPATION K FOR MOST OF WORKING		OF BUSINESS OR
13a.	AL RESIDENCE (IF NURSIN STATE MD.	GHOME OR OTHER IN 36 COUNTY ANNE A	RUNDEL PA	BEFORE ADMISSION) TOWN SADENA	13d INSIDE CITY LIMITS?	13.7 ^{SIREE} I	ADDRESS CATHER	2] INE AVE	L122
3 F/	WALTER	WIDDLE	COOPE	R	15. MOTHER'S MAIDEN N FIRST WEN		WIDOTE	BOWÎ	LES
(WAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED FO (IF YES, GIVE WAR OR	DRCES? 16b SOCIALS	SECURITY NO.	WALTER C	OOPER	ADDRESS (FATHER) SAME	ADDRESS
PART I. DEATH WAS CAUSE OF MRTHBOLIC ACIDDS DE TOMORISMO DUE TO, OR AS A CONSEQUENCE OF PROB GROUPS & COLLARS & CONDITION GIVEN IN PART I PROPRIEM TO THE TERMINAL DISEASE OR CON									ZHANES
CERTIFICATION	190 DATE OF OPERATION		CONDITION FOR WE	HICH OPERATIO		YES [NO IN CER	YES, WERE FINDS RTIFYING CAUSES YES [
6	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	D. TIME OF INJURY OUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTERNA	TURE OF INJURY IN ITEM I	18. PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	LE [A]	PLACE OF INJURY 1 HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET	<i>F</i>	CITY OR TOWN	COUNTY	STATE
	saw the deceased	olive on 37	ended the deceased from the bady after death.	011	d that in (my) (our) apinia	n death occurre	ed on the date and h	nour and fram the	, that (I) (we) last causes stated
	226 SIGNATURE	ans	- 0	np		MEDICAL DIRECTOR	STAFF PHYSICIAN	PPI PPI	2784
	R C BI		HIR.	mo	BALTIM	URIZ	CHY H	950	,
(BURIAL, CREMATION, RI SPECIFY) Burial	4	/12/84	Holy R	emetery or crematory edeemer	CITY	Saltimor		Marate
24 F	UNERAL DISCII M 3331		uneral Hos			R 1 O1	GISTRAR PSI REG	PAP'S SIGN	Hall



STATE	OF	MARYLAND	
SIMIL	VI	WINKITHIN	

OF	HEALTH	AND	MENTAL	HYGIENE	
RTI	FICATE	OF	DEATH		

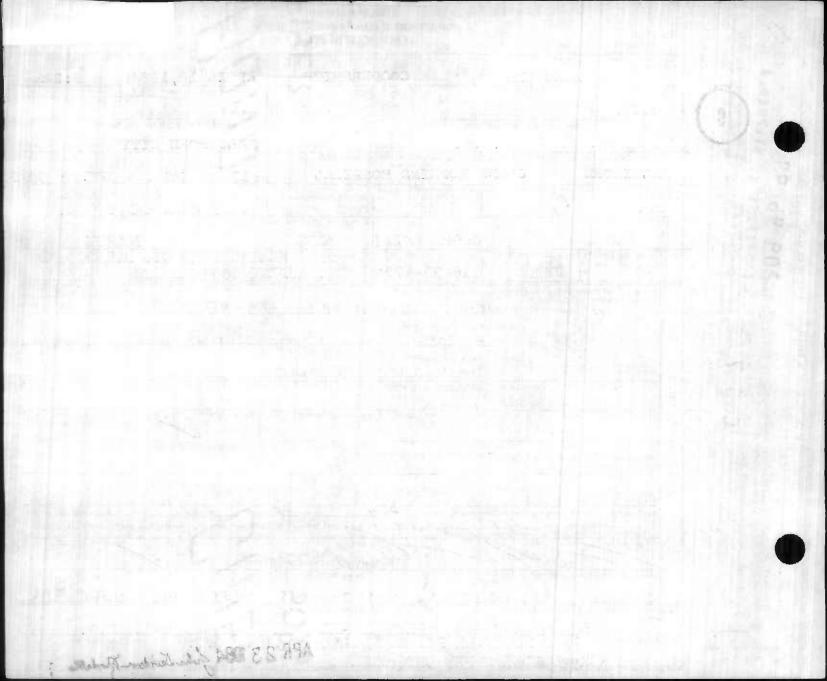
	1-	STATE REGISTRAR			DEPART		ICATE OF DEATH	HYGIEI	REG. NO.	7 0	6	4.
t O		CEASED NAME	FIRST	A	AIDDLE	ι	AST	2	O DATE OF DEATH MONTH OA	Y YEAR	26 HOU	R
	(TYPE	OR PRINT)	EPHE	N AL	AN	COOP	ERSMITH		APRIL 18,1984		9:28	8A M
	3. SE)	X		4. RACE		5. DATE C		6.	AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR	IF UNDI R	24 HRS MIN.
1	15	MALE		WHIT	E	JUN		40	43 YRS.			
10		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9.	BALTIMORE CITY OR COUNTY O	F DEATH		
2/	BF	ROOKLYN,	N.Y	U.S		WIDOWE	D DIVORCED		BALTIMORE CIT	Y		MD.
70	10 CI	TY OR TOWN OF DEA	ATH				OR OTHER INSTITUTION		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND C	OF BUSINE	SSOR
-	1	ALTIMORE			HOPKIN		SPITAL		PROGRAM MGR.		RRY	CORP
3	13a_S	AL RESIDENCE (# NURS STATE MD.	136 COUL	ONTG.	13c. CITY OR TOW DERWO	N_	13d INSIDE CITY LIMITS?	? 13	3. STREET ADDRESS / ZIP CODE 6709 HEATHER	FORD	CT.	55
1	14 FA	THER'S NAME		WIDDIE			15. MOTHER'S MAIDEN	NAME				
56	/	JACOB		WIDDLE	COOPERS	MITH	ROSE			ORYSH		
A	16a V	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFOR 709 H	HEA	THERFORD CT. 1	DERWO	OD N	1D
7	1	NO UNKNOWN)	NON	NE .	116-30-	1794	MRS. AUD	DRE	Y COOPERSMITH			
		18 CAUSE OF DEAT	H (Enter or	nly ane cause per	line for (a), (b), an	d (c).1				BETWEEN	ONSET AND	VAL DEATH
		PART I. DEATH W	INRST	10	mi	N						
90	104	2314		TE CAUSE (o)	R AS A CONSEQUE	NCE OF						16%
17.		Canditions, if ony,	which		BUBIN		n Ham	100	MKRGR	8	00	45
Я.		gave rise to imm couse (a), statin		DUE TO O	R AS A CONSEQUE	NCE OF						
Н		underlying cause	last.		3NA(NIST		Tumor	\wedge		6	mo	5
		PART 2 OTHER SIGN	VIFICANT				NOT RELATED TO THE TE	ERMIN	AL DISEASE OR CONDITION GIVEN	IN PART 1	a	
	ON	CHIOL SON			NU NIC							
2	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	ITON FOR WHICH OPERATION WAS PERFORMED				700 AUTOPSY? 20b. IF YES, WERE FINDINGS USED DEATH? YES NO YES NO			H2
0	ER	210. ACCIDENT WAS UND	DERLYING [21c. HOW INJURY OCCU	URRED	ENTER NATURE OF INJURY IN ITEM 18 PAR			
4		OR CONTRIBUTING (NIO.	M. MONTH DA	AY YEAR						
1	MEDICAL	21d. INJURY OCCUR		21e PLACE		17	211 LOCATION					
	A	WHILE NOT WH	THE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC]	STREET		CITY OR TOWN	CORNIA	5	STATE
		22a.l certify that (I)		ital) attended the	deceased fram	2/1	19.89	4	10 4/11 19	14	that (1) (v	we) last
		saw the decease above, (I) (we) (c				F4 , or		ion dec	ath occurred an the date and hour o			
		above, (I) (we) (c	did) (did no	at) view the body	atre death		DEGREE		34	DATE.		
	1		7	011		61	ATTENDING		MEDICAL STAFF			
1	-	22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			220 ADDRESS	<u>и П г</u>	DIRECTOR PHYSICIAN			
1	9	GREGUN	4 0	L cvi	Sunce	me	TONNEC	2	Harling	405	TIN	10
	23a. B	BURIAL CREMATION.				AME OF C	EMETERY OR CREMATOR	RY	23d LOCATION	7707		
	(BURIAL		4-20	-84 B	ETH	ISRAEL CEM	1.	MOODERIDGE	N T		TATE
	24. FU		1170		ILL PK.		VILLE MD	ATE R	REC'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNA	TURE	
		DANZANSK			WDDK(22		NC. APR	2.	3 1984 Julie Swide	- Back		
								-	U		The same of	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the buriol-transit permits with the State Dept. of Health and Mental Hygiene prior

IMPORTANT: If Hem 21 is morked ar Hem 18 shares any injury, or ather traumatic event, the medical axo

sgned bythe atending physiciorrond of the please. Pages, to buriol, cremation, or removal.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directors should be detached for use as the burial-transit permit. Then please remave corbonpapers. Pages 1 and 2 should be filled writer 22 auts of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is morked ar Item 18 shows ony injury, or other traumatic event, the

death. Page 4 may be

deoth certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the

retained by the hospital ar attending physician

STATE OMMARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9 3

7	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY		EG. NO.	9 3	0 3	
ı		EASED NAME	FIRST	-	MIDDIE	1	AST	20 DATE OF DE		DAY YEAR	26 HOUR	
H	{TYPE C	OR PRINT)		:0	- 2				. 4-	14-84	1:00	
	3 SEX	Bei	tty L	Copo	nios '	S. DATE C	OF RIPTH	6 AGE (IN YEARS	LAST BIRTHDAY)	F UNDER I YEAR	IF UNDER 24 PRO	
ĺ	-					MONTH	H DAY YEAR			MONTHS DAYS	HOURS MIN.	
		male		Caucas	WHAT COUNTRY?	Nove	mber 23 1924	9 BALTIMORE CITY OR COUNTY OF DEATH				
9		THPLACE (STATE OR	FOREIGN /b	CITIZEN OF	WHAT COUNTRY?	MARRIE	D KNEVER MARRIED		_			
2		est Virginia		U.S.A.		WIDOW			timore (MD.	
r	10 CIT	Y OR TOWN OF DE.	ATH 11		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCC			OF BUSINESS OR	
		altimore		St. Acr	es Hospita	1		Home Mak	er			
	13a. ST	L RESIDENCE (IF NUR	136 COUNTY		134 CITY OR TOW		134 INSIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP CO	DE		
2	Me	aryland	Baltim	ore	Randall:	stown	YES NO T	8610 Wo	odsoring.	Road	21133	
2	1	HER'S NAME	MID	DIE	LAST		15. MOTHER'S MAIDEN NA	MI	DDIE	LA	ST	
4		known Ellic		0.10000103	THE COCIAL SECTI	DITY NO	Gladys John		ADDRESS			
7		AS DECEASED EVER	(IF YES, GIVE W		16b SOCIAL SECU	KIIT NO.	17 INFORMATION M.	Copoulos			21133	
a l	N)			235-30-	1265	8610 Woodsp	ring Road	Randa]	Istown	Maryland	
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1	CER	210. ACCIDENT WAS UN		216. TIME O		AV VEAD	21c HOW INJURY OCCUP	RRED (ENTER NATURE	OF INJURY IN ITEM I	B PART I OR PART 2)		
-	AF	OR CONTRIBUTING		P.	M. MONTH DA	19						
	MEDICAL	214 INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION		TY OR TOWN	COUNTY	STATE	
		WHILE NOT W	ORK O	(AT HOME, STE	REET, FACTORY, OFFICE F	ARM, ETC)	STREET	C)	TOR TOWN		31872	
		220.1 certify that (I saw the decease above, (I) (we)?	sed alive an		4-14 19 9	ē€., o	nd that in (my) (our) apinion	death occurred or	1-14 the date and h	our and from the	that (I) (we) last causes stated	
		226. SIGNATURE	ua 8	- W	enelo	K	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	27c DATE	14/14	
		22d. PHYSICIAN'S N	AME (TYPE OR PE	/	edo		SANT 1	AGNe.	Horp	ild		
1		URIAL, CREMATION	, REMOVAL	23b. DATE	230 1	NAME OF C	CEMETERY OR CREMATORY	23d LOCATIO		COUNTY	STATE	
ı	-	cenation		04/17/8	34	Mt. 01	ivet Cemetery	Freder			Maryland	
		NERAL DIRECTOR	Toring '		neral Dire			TE RE€'D BY REG		STRAPS SIGNA	现态度	
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		The state of the s			MAN AND Y HOLE							

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

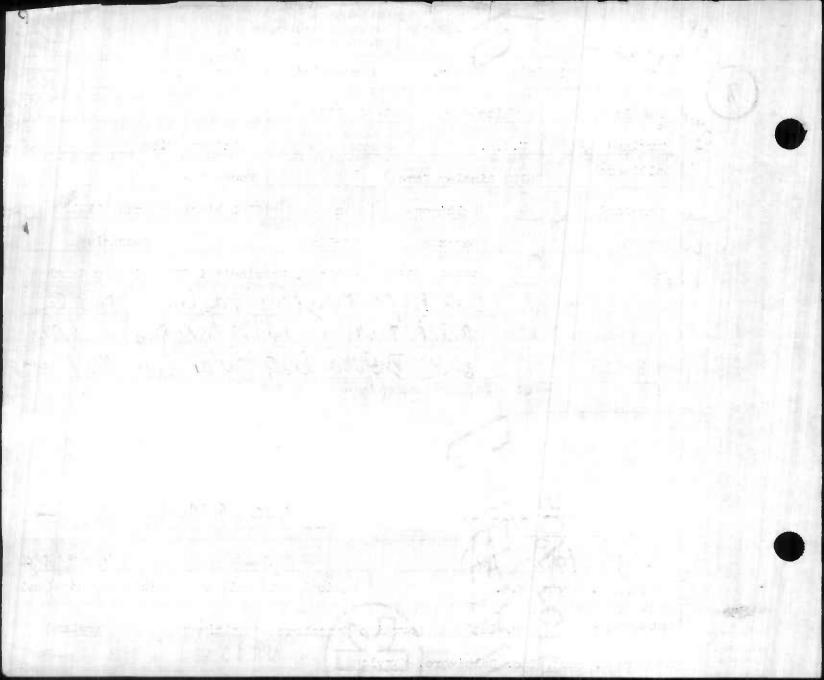
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	050 NO					

	REGISTRAR						REG. NO)			
	CEASED NAME FOR HINTI	Virgin	ia	M.		Corasaniti	April 14		26. HOUR		
1.5E	x Female	4 RA	White		5. DATE C		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YE MONTHS DA			
Ma	RTHPLACE INTATEOR	τ	J.S.A.		8. MARRIEI WIDOWE	NEVER MARRIED DENK DIVORCED	9 BALTIMORE CITY <u>o</u> l Baltimore	City	M		
B	altimore	5	702 Ain	sley Ga	arth	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIGE		O OF BUSINESS O		
13a. 5	AL RESIDENCE (# NUR STATE Maryland	136. COUNTY	130	RESIDENCE BEFOR CITY OR TOV altimon	VN	13d. INSIDE CITY LIMITS? YES 🌋 NO 🗌	13e. STREET ADDRESS 5702 Ainsle	ey Garth 2	21212		
J	oseph	MIDDL	L	avezza		Adeline	WIDDEE	Boccial	upe		
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED	OR DATES)	17-26-8		Agatha M. Ma	ADDRESS Matricciani 5702 Ainsley Garth APPROXIMATE INTERVAL STWEEN ONSET AND DEATH				
NOI				OR AS A DINSPOSE OF THE TEAM OF THE TEAM ON THE TEAM			Sufar of CONE	from 4	gear		
THECAT	19a DATE OF OPERA	196 CONDITIO	N FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES				
DICAL CERTI	OR CONTRIBUTING CAUSE OF DEATH HOUR			,M. MONTH DAY YEAR			RED (ENTER NATURE OF INJUR				
ME	WHEE NOT WAT WORK 220 I certify that (I)RK	(AT HOME, STREET,			STREET 19.	CITY OR TOV	0.1	STATE		
		ed alive andid/ told note vie		DEGREE			MEDICAL STAF	22: 04	the couses stated		
	John R.				Medical Art	s Building	Baltimore	, Maryla			
23a	BURIAL, CREMATION (SPECIFY) O COMBMENT	REMOVAL 23	b DATE	23¢	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE		

DHMH - 16 50M 4/B2

(VRA 15, 4) Leonard J. Ruck, Inc. Baltimore, Maryland

APR 16 1984 Julia Davidon-Randell



4	1-	FOR STATE REGISTRAR	DEPAI	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 4	0	98	6/
		PEASED NAME FIRST OR PRINT) GAGY	MIDDLE 4 RACE	COTN Is. DATE O	e L	20. DATE OF DEATH	4-1	1-81	Th HOUR 50
(")		Female	Black	To	-23-1 903 YEAR	80	YRS	MONTHS DAYS	HOURS MIN.
36	-	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryalnd	76. CITIZEN OF WHAT COUNTR	MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY O	R COUNTY	OF DEATH	MD
The state of the s	10 9	Balto.	II. NAME OF HOSPITAL, NUR (IP NOT IN SUCH FACILITY, GIVE STA		OR OTHER INSTITUTION	120 ÚSÚAL ÓCCUPATION (TYPE OF WORK FOR MOST OF SEAMSTRE	F WORKING LIF		OF BUSINESS OR
filled in	13a S	AL RESIDENCE (IF NURSING HOME OR 136 COUN		NWC	13d INSIDE CITY LIMITS? YES TO NO	13e.STREET ADDRESS /	ZIP CODE		110
and 2 th	THE OWNER OF THE OWNER, THE OWNER	THER'S NAME Charles	Maker		15. MOTHER'S MAIDEN NO. FIRST Edna			Mille	151
Pages 1 o		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	- 9288	17 INFORMANT	ell S/A		TVIII.	er
d by the attending phy lease remove carbonpo ial, cremation, or remov or other troumatic event		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	QUENCE OF	Arrat				
ss been signe ermit. Then ple prior to bur is ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T			VINAL DISEASE OR CON	20b. 1F YES	, WERE FIND	
ng physicion certificate he urial-transit p ental Hygien Item 18 show	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEP (IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	DAY YEAR	21E HOW INJURY OCCUI	YES NO		ART I OR PART 2)	NO 🗌
r attendi	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	mag	216 LOCATION STREET	CITY OR 10	WN	COUNTY	STATE
ECTOR: A d for use t of Heal m 21 is m		saw the deceased white on obove, (I) (we) (did)(did no	tall oftended the deceased from	84	nd that in (my) (our) opinior	deoth occurred on the do	ate and hou		
by the he		226 PHYSICIAN'S NAME (TYPE O	NO OCIONATA		ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL STAI		10A	4-11-84
O FUNE		1 E 7.	nmorhen wo		2600 lik	any Heyrs	1 212	215	

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR Brown/ Thompson FH 1913 W. Baltimore St.

4-16-84

236. DATE

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

Baltimore, Md. National Cem. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 16 1984

23c NAME OF CEMETERY OR CREMATORY

Maryländ

The state of the s FIFE BE $==\epsilon$ 1815 / smetons teach Taltiz orn 201-5-70 1

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Purist 16-84 lettern's a Politice Erroyn/Thoronay TE 1712 Feltimore of

1					STATI	OF MARYLAND				
	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYC ICATE OF DEATH	REG. N	0.	9 3	0 3
		OR PRINT)	WIS A	E.	Col	enish	20. DATE OF DEATH	4/1	9/84	26. HOUR 42
	3. SEX	Male	4. RACE	lack	S. DATE C		6 AGE (IN YEARS LAST BE		NONTHS DAYS	HOURS MIN.
35	(RTHPLACE (STATE OR FORE COUNTRY) Maryland		S.A.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore City		OF DEATH	MD.
9	13	altimore C	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET CHARLES	ADDRESS)	ERAL HOSPIT	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) AL			F BUSINESS OR
5	13e. S		HOMEOR OTHER INSTITUTION, b. COUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltim	'N	13d INSIDE CITY LIMITS?		i1mor	e St.	21223
20	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WIDDLE		Car	roll
1		VAS DECEASED EVER IN (ES NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	16b SOCIAL SECU	JRITY NO.	Blossie De	11y 519 N		more	Street
		PART I. DEATH WAS O O IM Conditions, if ony, w gave rise to immed cause (a), stating	DUE TO, OI which (b)	R AS A CONSOUR	PS /	Decubit	is where	R	SETWEEN (MATE INTERVAL ONSET AND DEATH
7	FICATION	PART 2. OTHER SIGNIF				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USED
1	ERT	21a. ACCIDENT WAS UNDER	LYING 716 TIMEO	F IN JURY		21c HOW INJURY OCCUR	YES NO	YES		NO [
1	MEDICAL CI	OR CONTRIBUTING CAU IN EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a Lertify that (1) (the	(SE OF DEATH HOUR A.I. EXAMINER) 210 PLACE (AT HOME, STR	M. MONTH D. M. DE INJURY EET, FACTORY, OFFICE, F	FARM, ETC	19 19 19 19 19 19 19 19 19 19 19 19 19 1	city ORIT	Jate and hour	COUNTY	
		/human	- Re luch	re al	n	ATTENDING PHYSICIAN [MEDICAL STA	CIAN T	(4/1	0/84

22e. ADDRESS

23c NAME OF CEMETERY OR CREMATORY 23 Mount Zion Cemetery

DHMH - 16 50M 4/82 (VRA 15, 4)

injury, ar ather traumatic event, the medical examiner must be natified of on

the attending physician and campletely filled in by the remove carbanpapers. Pages 1 and 2 should be filed

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carbanpaper with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etained by the haspital ar

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MPORTANT: If them 21 is marked at them 18 shows any

24 FUNERAL DIRECTOR C March F/H Inc, 1101 E North Avenue

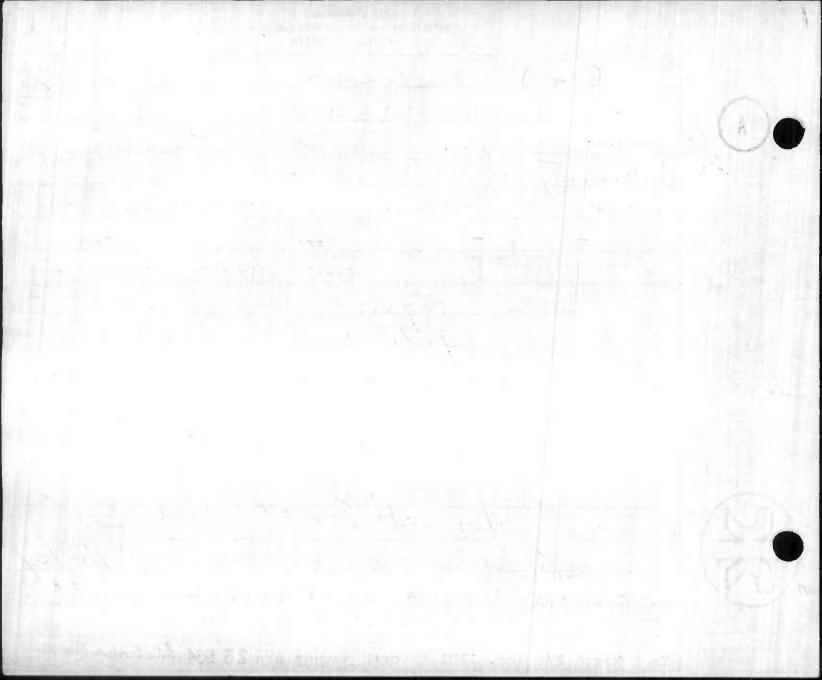
23b. DATE 4/21/84

214. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL BURIAL

23d. LOCATION
y Lansdowne, county 250. DATE REC'D. BY REGISTRAR THE REGISTRAR'S SIGNALIBLE APR 2.3.1984

Md.



in by the funeral director, page 3 se filed with 72 haurs after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

1-	FOR STATE REGISTRAR			F HEALTH AND M		REG. NO.	0 9 0	0 3
	CEASED NAME WILL:	am	L. Co	otton	Jr. 20.	DATE OF DEATH MON	4 -29-84	76 HOUR 6:30p
1	male	4. RACE White	2 00	TE OF BIRTH	34	AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
W	RTHPLACE (STATE OR FOREIGN COUNTRY) St Virginia	U.S.	A. WIDO		ORCED	Baltimore city <u>or</u> co	City	MD.
Ba	altimore	Good S	HOSPITAL, NURSING HOM HEACILITY, GIVE STREET ADDRESS) Samaritan F	Mospital	(1)	LUSUAL OCCUPATION YPE OF WORK FOR MOST OF WOR teel Worke	RKING LIFE) INDUSTRY	. Steel
13e. S M	-	ITY	GIVE RESIDENCE BEFORE ADMISSIN 13c. CITY OR TOWN Loch Hill	13d INSIDE CIT	NO []	STREET ADDRESS / ZIP	on Rd. 21	239
1	William Li	st.	Cotton, S	r. Je	MAIDEN NAME RST SSIE	Mae	ΑlΊ	
16a V	VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES GIV YES	MED FORCES?	212-20-487			ton, 6400	Sharon R	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE 57/5 IMMEDIAT	E CAUSE (o)	line for (a), (b), and (c).)	Hepak F R	e fail	lure a, lure	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(c)	r as a consequence o	ar		of liver		
AL CERTIFICATION	PART 2. OTHER SIGN MICHALLY OF THE CONTRIBUTION OF CONTRIBUTION CAUSE OF DEA	ITH COND 21b. TIME O HOUR A.	FINJURY M. MONTH DAY YE	TION WAS PERFOR		20e AUTOPSY? 20t	b. IF YES, WERE FINDI CERTIFYING CAUSES YES [NGS USED
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	111	211 LOCATIO	N	CITY OR TOWN	COUNTY	STATE
	22a.t certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	4/29	1984	, and that in (my) (, 19 <u>84</u> our) opinion deal	th occurred on the dote of	19 84., and how the	
	22d. SIGNATURE	Catalo A	10	A1 Pi		MEDICAL STAFF	X 9/	29/84
	MILLS, LA	WRENC	E, Jr, M.D.	-VA KAVE	LAND BAL	-TIMORE	M.D. HOSPIT	-A L
	BURIAL, CREMATION, REMOVAL SPECIFY) BUrial	May 2	,1984 More:		. Pk.	Parkville	The second secon	, Mď.
	OBERTO. ALT			OME, INC 21214	MAY	C'D. BY REGISTRAR 25	his Davidson-1	Pandell

DHMH - 16 50M 4/83 (VRA 15, 4)

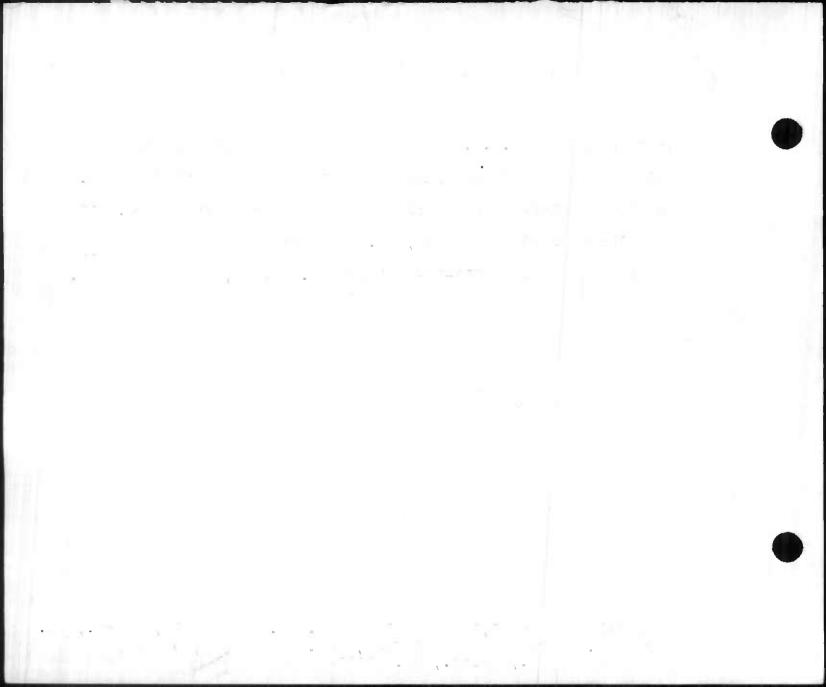
should be detached for use as the burial-transit permit. Then please remove carbangape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If Hem 21 is marked as

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING

injury, ar ather traumatic event,



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physician.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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ENTAL HYGIENE	(Del	U		U		0
ATH	DEC NO					

5	1-	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL H	IYGIENE O REG.	NO.	, 0	, ,
	1 DE	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
		OR PRINT) MARION			Co	unts	APRIL 2			12:05A
	3. SE	(4. RACE		S. DATE		6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 MRS
	1	Female		Black	MONT 4	6 1932	52	YRS.	MONTHS DAYS	HOURS MIN.
23		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	F WHAT COUNTRY	? 8 MARRIE	C T NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
25		Maryland		U. S. A.	WIDOW	D DIVORCED	Baltimo			MD.
7 -	40. C	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OR
55	E	Baltimore		h Home &		tal	Secretary		Socia	1 Securi
21		AL RESIDENCE (IF NURSING HOME OF		N. GIVE RESIDENCE BEFOR		1134 INSIDE CITY LIMITS	? 13e. STREET ADDRES	3101	lifton	Avenue
29		ryland	1811	Baltimo		YES NO	Baltimore	. Marvl	land 21	216
~	_	THER'S NAME		202 021110		15. MOTHER'S MAIDEN		,		
200		FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAS	
YE.	of .	Jessie		Count	-	Laura			Jenning	
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?			17 INFORMANT	ADD	RESS 3101	Clift	on Avenue
/	,	No.	THE THAN ON OAIES!	216 30	087	Florence Ta	vlor Balti	more. N	Marylan	d 21216
1		18. CAUSE OF DEATH (Enter of	al	ar line for to V (b) a	nd(s)					IMATE INTERVAL
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(b)_ DUE TO, (OR AS A CONSEQU	JENCE OF	NOT RELATED TO ∜HE TE	erminal disease or co	NDITION GIV	EN IN PART 10	0,
1	CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	206 AUTOPSY?		WERE FINDING	
1	TIF	KONDA TOTAL COLUMN	La Print				YES NO	YE	5	NO 🗆
G	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR	OF INJURY A.M. MONTH [21¢ HOW INJURY OCC	CURRED (ENTER NATURE OF IT	JURY IN ITEM 18 P	PART 1 OR PART 2)	
	S	(IF EITHER NOTIFY MEDICAL EXAMIN		P.M.	19	100 100 171011				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
			nital Intrended	the deceased from	APRI	I. 15 19	84, to APRI	T. 20	19 84	that (I) (we) Jast
		220.1 certify that (1) (this has saw the deceased alive a	APRIL	20 10	84	nd that in (my) (our) opini				
		above, (It/jve) (dja) (dia r	of yew the boo	ly ofter death.	, 0		on deoin occorred on me	dole ond noo	TOTAL TOTAL THE	conses stored
	-0	228. SIGNATURE		lon()		DEGREE ATTENDING	G _ MEDICAL S	AFF \	III. DATE	SIGNED
-12		(Mover)	Mul	NW/		PHYSICIAN	DIRECTOR PHY	SICIAN	4/4	0/0
1		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			220 ADDRESS CH	URCH HOSPI	TAL C	ORPOR	CATION
		DAVID BUSH	, M.D.			100 N. B	ROADWAY, E	ALTIM	ORE, N	ID. XXXX
		BURIAL, CREMATION, REMOVA	L 23b. DATE	230	NAME OF	EMETERY OR CREMATOR	RY 23d. LOCATION	34.	COUNTY	CTATE
		Burial	4/26/	1984 A	rbutus	Memorial Pa		Balt		Marylane
			2 0				200			THE PARTY

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR Nutter & Sons Funeral Home Inc. 2501 Gwynns Falls Parkway, Balto. Md.

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	AND THE REAL PROPERTY.				
20 to 1	N Balticor		٠٨ . ٤ .	J Y M	Marylvani
social security	Sometony		Home & House	Curn	n xomia Inc
Styll clicton Avenuer					
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Jennings 31.1 Clifton wers			Counts		920000
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n 1 an .≘10 i		. Istronno	⊌ Zaur F	7/48/	iang
Marine Committee of the	188 1/5		v, Elto. /		

OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

ined by the housital or offending physicion.

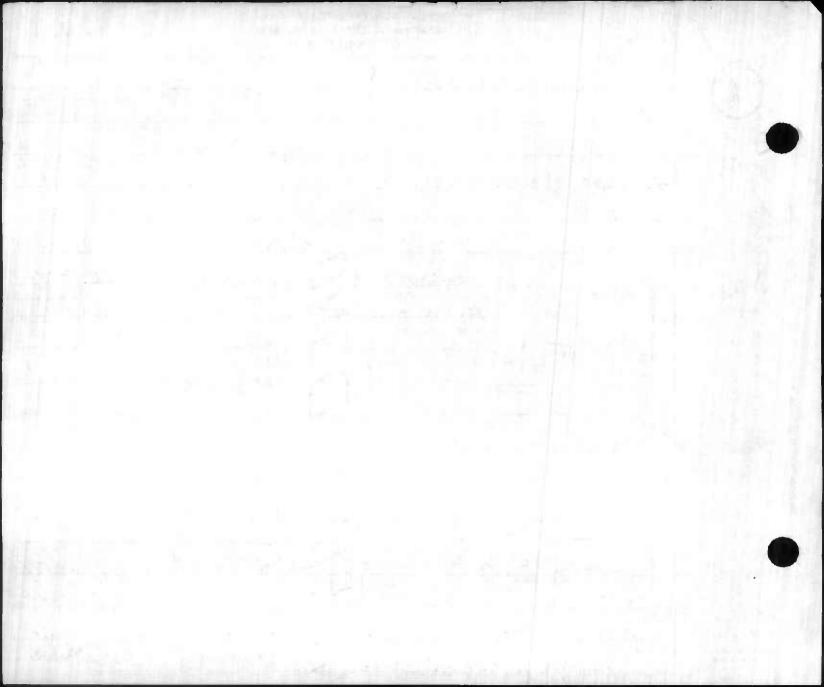
TO HOSPITAL

DHMH - 16 50M 1/76

(VR A 15 (4))

10 FUNEEAL DRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral distributional for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 has also been. I has been in the State Dept. I has been and Mental Hygiene prior to burial, cremation, or removal.

1			STATE OF MARYLAND	e de la companya de				
11	FOR STATE	DEPARTM	MENT OF HEALTH AND MENTAL	HYGIENE 8	93/1			
1,	REGISTRAR		CERTIFICATE OF DEATH	REG. NO				
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
(TYPE	ORPRINT) Thelma	2. Riddick	CALLNIES	April	12-84 M			
3. SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
	Canala	Blood	MONTH DAY YEAR	n //	MONTHS DAYS HOURS MIN			
70 BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUN				
	OUNTRY)	76 CHIZERON WHAT COOKEN	MARRIED NEVER MARRIED	1201.	of City			
10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED		126 KIND OF BUSINESS OR			
100	7 / 2	HE NOT IN SUCH EACHLITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKIN				
1-	altimore	1014 BONZPa		Nurses All	HOSPITA!			
13a S	AL RESIDENCE HE NURSING HOME OR STATE , 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		TS? 13e STREET ADDRESS				
	Nd.	132/50,	YES NO	1014 BONAPA	rteHC. 21218			
14 FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDE	N NAME MIDDLE	LAST			
	0'H282	Riddi	ck Vio	12	10 alphe			
16a V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS				
	NA	214-22-4	077 Jesse C	UNES 1014-BONZI	arte Ave.			
-	18 CAUSE OF DEATH (Enter on	ily one couse per line for (o), (b), one	dic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSE	DBY N. T. T	in- RREast	- CANSER	SURS			
	IMMEDIAT	TE CAUSE (0)	THE IEIT COST		0 //			
	1/49	DUE TO, OR AS A CONSEQUE	INCE OF					
	Conditions, if ony, which	(b)						
	couse (o), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF		127 (817) (817)			
underlying couse lost.								
7	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART TION			
CERTIFICATION								
CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
TE	the first that the			YES NO	YES NO			
CER	210. ACCIDENT WAS UNDERLYING	LIGHTS A M. MONITH D.		CCURRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)			
AL	OR CONTRIBUTING CAUSE OF DEA		AY YEAR					
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	THE RESERVE OF THE PARTY OF THE				
M	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE			
			TU/V 10	76	10			
	sow the deceased alive on	ottended the deceosed from_	~ 17	union deoth occurred on the dote and	hour and from the source stated			
	obove, (1) (was taid) (did no	t) view the body ofter death.		and death decired on the date and				
Ξi	216. SIGNATURE	, 71	DEGREE ATTENDI	NG MEDICAL STAFF	111. DATE SIGNED			
15	Den	de pay	PHYSICI		7/6/87			
	THE PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS	1 / 1.	11/			
	(TEOBSE	E LA Rocci	600	05/er K/l,U	e TOWSONY			
	BURIAL CREMATION REMOVAL		NAME OF CEMETERY OR CREMAT	ORY 23d. LOCATION	1			
	SHOW BUNGOI	4-7-84 B	alimono (Int	1/ Partown	COUNTY STATE			
24 F	UNERAL DIRECTOR	1//0/ 1/20	258	DATE REC'D. BY REGISTRAR 256 REC	GISTRAR'S STGNATURE -			
	NAME DISTALL	180 L ADDRESS	000		a Davidson Mandalle			
	1 VINCE PLO	710011CR-14216	WILLIAM POLICE	AFR 0 1904 , 300	man land.			



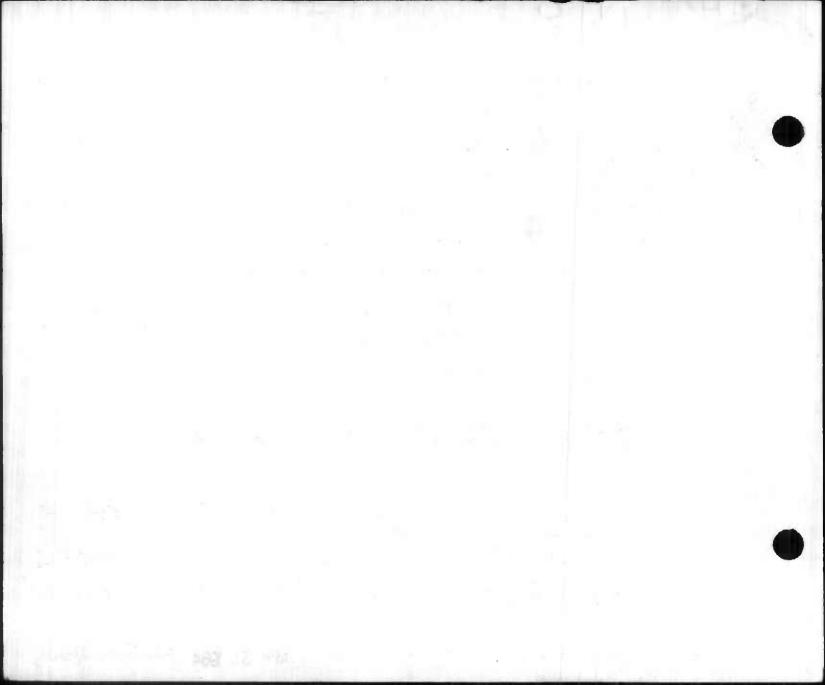
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 hours after death. Page and the retained by the hospital or attending physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the functal forests, page 3 should be detached for use as the busiol-transit permit. Then please remove corbon papers. Pages Annual to find with the State Dept. of Health and Mental Hygiene prior to busiol, cremation, ar removal.
IMPORTANT: If Item 21 is marked or Item 18 steers any njury, or other troumatic event, the medical habiture relief of another another and the

	١,	FOR	DEPARTI		E OF MARYL	AND MENTAL HYG	IENE 8 4	0	9 8	12			
	1.	STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	REG. NO.					
		CEASED NAME FIRST	WIDDLE	ı	AST				DAY YEAR	2b HOUR			
Ĥ	LIVE	Willia	em V		OX		0	4 2	8 84	5.37A M			
	3. SE		4 RACE	5. DATE C			6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS			
1	1	Male	Black	MONTH 8	1 9 DAY	19	64	YRS.	MONTHS DAYS	HOURS MIN.			
Z			76. CITIZEN OF WHAT COUNTRY?	8.	D NEVER	ALABBIED []	9. BALTIMORE CITY C		OF DEATH				
2		aryland	U.S.A.	WIDOWE		NORCED	Rali	imo	re Cix	ty MD.			
1	in CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (# NOT IN SUCH FACILITY, GIVE STREET BON SECOURS	ADDRESS)		NOITUTIT	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST C			BUSINESS OR			
3	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltim	/N	13d. INSIDE (CITY LIMITS?	130.STREET ADDRESS			21217			
1	M. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER	S MAIDEN NA	ME MIDDLE		ĮA!	11			
1	V	Thomas	Grant		Ra		MIDDLE		Gree				
1	16a. V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT ADDRES		ESS						
1		YES, NO OR UNKNOWN) (IF YES, GIVI	219-05-	6631	Mary	Gray	3115 Bake	r Str	reet				
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAL AMELY Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART													
2	CERTIFICATION	19a DATE OF OPERATION	LOPAR OTOMY	UH	Hemi	Colecto	ZOR AUTOPSY?	IN CERTIF	S, WERE FINDI				
9		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D	,			RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATI		CITY OR TO	IWN	COUNTY	STATE			
		saw the deceased alive on above, (I) (was) did) (did no 22b. SIGNATURE	of the body ofter death.		DEGREE M.D	ATTENDING PHYSICIAN	death occurred on the d	FF	19 22c DATE				
		224 PHYSICIAN'S NAME (TYPE O	G-YENHO	ANG	22e ADDRE	BOI	V Seus	sun	Ho	spilal			
		BUR'I AL	23b. DATE 23c. 1 5/4/84 Md		EMETERY OR teran		Crownsv	ille,	COUNTY	sīMd.			

DHMH - 16 50M 4/83 (VRA 15, 4)

Wm C March F/H Inc. 1101 E North Avenue

250. DATE REC'D. BY REGISTRAR THE EGISTRAL SECTION AT LIFE APR 30 1984



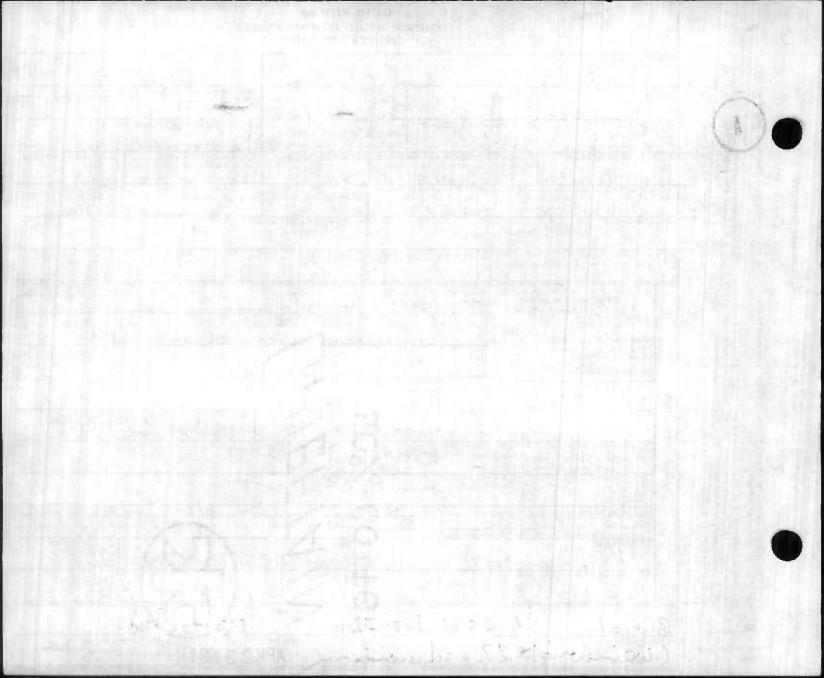
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cumshould be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 m with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

		6 Film #G591		MARYLAND		0 9	8 7	3
	FOR 5/3/84	jp DEPAR		TH AND MENTAL	HYGIENED -1	0 /		
	REGISTRAR			TIE OF DEATH	REG.			
	CEASED NAME FIRST	WIDOLE	() LAST	1 - 0.0 N	20. DATE OF DEATH	MONTH DA	/ 504 7	HOUR
	EVA		CKAI	NFOR		14/20	184 1	am
3. SEX	7	4 RACE DI	5 DATE OF B		6 AGE (IN YEARS LAST		O. IDEN TIESM	UNDER 24 HRS
	temale	Black	06/	SDAY / YEAR	To	YRS		
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	/? 8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	FDEATH	
1	USA	USH	WIDOWED			are (ity	N
10 CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR C	THER INSTITUTION		TION	126. KIND OF BI	USINESS O
1 6	altimore City	Sinali Hossi			Re-tives	17	INDUSTRY	
USUA 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEILE	DRE ADMISSION	INSIDE CITY LIMIT		^	-716	115
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14. FA1	THER'S NAME		15	MOTHER'S MAIDEN	NAME	- ALIVAN	1)	
2	FIRST	MIDDLE LAST		FIRST	WIDELE		LAST	
	AS DECEASED EVER IN U.S. AR		CURITY NO. 17.	INFORMANT	ADD	RESS		
(YE	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	340					
	10 CALICE OF DEATH (Enter or	nly ane cause per line far (a), (b), o	and (c)				APPROXIMAT BETWEEN ONS	EINTERVAL
	PART I. DEATH WAS CAUSE	D BY:		to we Fo	1.1.		BE WEEN ONS	ET AND DEAT
	4/40							
	DUE TO, OR AS A CONSEQUENCE OF							
U 127	Conditions, if any, which gave rise to immediate	(b) Old int	erior 4	all my	otareles 1	TUVETIC	Ye .	
	cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF, (c) Coronary Avtery Disease							
		(10) Caronar			seuse			
Z	+ 1 1	CONDITIONS CONTRIBUTING TO	1 1 1	1. 11.	FERMINAL DISEASE OR CC	NUTION GIVEN	N IN PART ITO	
의 불	190 DATE OF OPERATION	Dendant Via	HOPERATION	AS PERFORMED	200 AUTOPSY?	70b. IF YES.	WERE FINDINGS	SUSED
CERTIFICATION	DATE OF OFERFICION	The Contention of the Miles		no rem onnes		IN CERTIFY!	NG CAUSES OF	
3	210 ACCIDENT WAS UNDERLYING	T 216. TIME OF INJURY		t HOW INJURY OC	CURRED LENTER NATURE OF IN	YES YES		40 []
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR					
WEDICAL	(IF EITHER MOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY	19	LOCATION				
WE		(AT HOME, STREET, FACTORY OFFICE		STREET	CITY OR	TOWN	COUNTY	STATE
	AT WORK AT WORK		4110		011 11/1	0	9//	-
	saw the deceased ofive ar	ital) attended the deceased fram	011	, 19	nion death occurred an the	data and have		1 (I) (we) lo
	abave, (II (we) (did) (did no	at) view the bady after death.	, and n		mon death occurred an the	date and nour c		
3 3	226. SIGNATURE	111	DEC	ATTENDIN	NG MEDICAL S	AFF .	22c. DATE SIG	NED
	refer	XIVID		PHYSICIA			14/201	184
	22d. PHYSICIAN'S NAME (TYPE	paperint)	22	ADDRESS	11	1	01	
	RE Perr	4,140		Dinai 1	Hospital-	of I	altimo	10
23a. Bi	URIAL, CREMATION, REMOVAL		J com 2	TERY OR CREMATO	DRY 236 LOCATION	V I	COUNTY	STATE
13	4412	4-25-841	mt Zi	on	Bait	n md	X	STATE
24 FU	INERAL DIRECTOR	14. 17. A.			DATE REC'D. BY REGISTRA	R 266 REGISTR	AR'S SIGNATURE	200
(0	Waning	13 x /00 Cell	mande	an 1	APR 2 3 1984	wha Dav	idson-Rano	

DHMH - 16 50M 4/B2 (VRA 15, 4)

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician

BP.

within 24 hours ofter death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages and 2 should be filed within 72 hours oftwith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the

MPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR CERTIFICATE OF DEATH REG. NO.											
ă		DECEASED NAME FIRST MIDDLE							20. DATE OF DEATH		DAY YEAR	26 HOUR	
	(TYPE	CHRISTONE B. CREI						18 =	C	14/1	184	5.55	A
	3. SEX	(4	. RACE		S. DATE (YEAR	6 AGE (IN YEARS LAST BE	THDAY)	MONTHS DAYS	IF UNDER 24	HRS MIN
		F		White		12	17 1	91.7	66	YRS			,,,,,,
1		RTHPLACE (STATE OR FO	REIGN 7	CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MAR	RIED -	9. BALTIMORE CITY	R COUNTY	OFDEATH		
	Mi	ssissippi		U.S.	Α.	WIDOW		RCED 🕞	Baltimo	re C	ity		MD.
10 CITY OR TOWN OF DEATH			TH 1		HOSPITAL, NU		OR OTHER INSTITU	TION	120 USUAL OCCUPAT			F BUSINESS	5 OR
2	100	altimore		Goo	d Sa ma	ritan	Hospita	al	housewife				
1	13a. S	AL RESIDENCE (IF NURSIN	136 COUNT	Υ	13c. CITY OR T		134. INSIDE CITY	LIMITS?	13e. STREET ADDRESS		2/0	4,30	1
2		Md.	Balt	imore	Balti	more			1923 Wa	desw	orth W	Vay	
1		THER'S NAME	M	IDDLE	LAST		15 MOTHER'S M		AE MIDDLE		LAS	T	
1		ammuel			George		Nora	ì			Youn g		
		VAS DECEASED EVER IT		ED FORCES?		ECURITY NO.	17. INFORMANT		ADDR				
		no			212-1	0-778	Mary	Schr	oers 300)3 Wa	rehime		
		18 CAUSE OF DEATH	Enter only	one couse per	line for toi, (b	ond ici		1	1 1 -		BETWEEN	MATE INTERVA	ATH
				CAUSE (o)	1	CHI	ma	Sus	(Contant	even			
		1629		DUE TO, OR AS A CONSEQUENCE OF Whene									
		Conditions, if ony,		(b)			<u></u>	JA					
		cause to i, stofing the underlying cause lost. DUE TO, OR AS A CONSEQUEN					FOR Large cell CA						
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN											
1	z	PART 2. OTHER SIGN	IFICANT CO	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 11	D .	
× 1	CERTIFICATION	19a DATE OF OPERATI	1401	Tink CONDI	TION FOR WIL	HCH OBERATIO	N WAS PERFORM	FD.	120- ALITORSY2	100 AUTOPSY? 206 IF YES, WERE FINDINGS USED			
1	FIC.	198 DATE OF OPERATI	ION	198 CONDI	TION FOR WE	IICH OPERATIO	NASPERFORM	60		IN CERTIF	FYING CAUSES	OF DEATH	?
1	ERTI	21g ACCIDENT WAS UNDE	RLYING	21b. TIME O	F IN IURY		121r HOW IN ILIE	RY OCCURR	YES NO	YE		NO 🗌	-
1		OR CONTRIBUTING CA	AUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VI OCCORR	LD (ENIER NATURE OF IN)	KT HATIEW ID	TAKE (OK PAKE 2)		
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	WEI	WHILE NOT WHILE	IE 🗇		EET, FACTORY, OF	FICE, FARM, ETC.)	STREET		CITY OR TO)WN	COUNTY	STA	? E
		22a.l certify that (1) (I) attended the	decented for	0.m		19	to		19	that (1) free	\ lost
Ŋ		sow the deceased	d olive on_						seath occurred on the c			, ,	
		above, (I) (we) (di- 22b. SIGNATURE	d) (did not)	view/tha body	oftendeath.	0 ~	DEGREE				22c. DATE	SIGNED	
				(10)	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								
+		22d. PHYSICIAN'S NA	ME (TYPE C	raining 1	4		220. ADDRESS	SICIAN L	J DIRECTOR PHYSI	LIANDA	^		-
1	-	TO THE LOCAL	P	ATEI		MO		G	20 H. 2.	1211	+		
	23a. B	URIAL, CREMATION, R	EMOVAL	23b DATE		23c NAME OF C	EMETERY OR CRE	MATORY	123d LOCATION	+			_
		Cremat.		4-2-8		Westv			CITY OR TOWN		COUNTY	STAT	
	24. FL	INERAL DIRECTOR	1011	17-2-0	7	HESLV	TEM	25th Din Ta	REPO BY RE19874	256 REGIST	RAR'SISIGNAM	DRE J. 00	ld.
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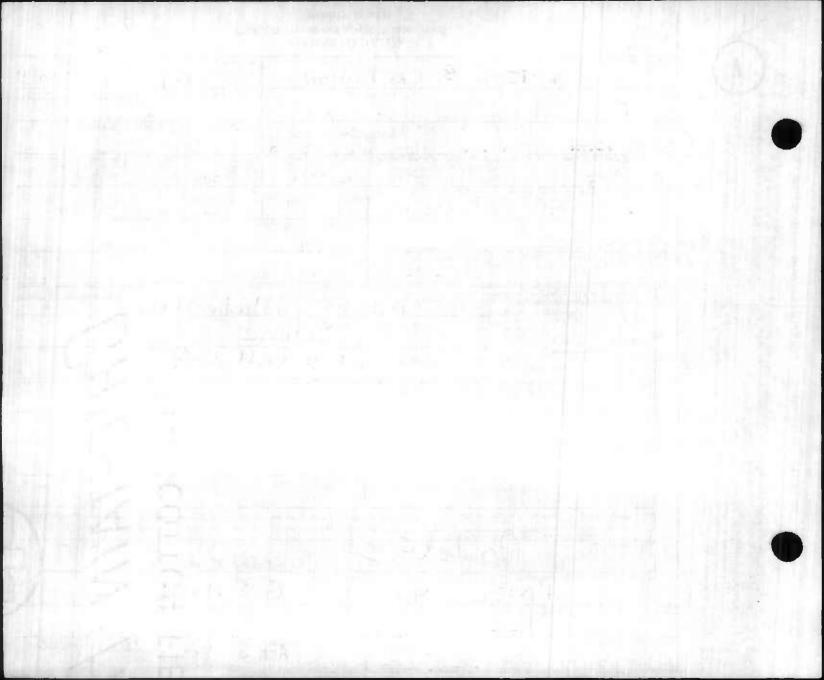
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DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND FOR 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	U		0	-	-
REG. NO.					

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
(TYPE OR PRINT) GEORGI	A MAE CR	EWS	April 3, 198	34 4:17 am
3. SEX		5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	H UNDER 1 YEAR IF UNDER 24 HRS.
Female	Black	MONTH DAY YEAR 11	72	MONTHS DAYS HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR C	
S. Carolina	U.S.A.	WIDOWED DIVORCED	Baltimore (City MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET AD Maryland Genera	l Hospital	(TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME 13a STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	DMISSION) 134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI	P CODE
Maryland	Baltimo			remont Ave. 2121
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		
PIKST	Jones	Babe	WIDDLE	Jones
160 WAS DECEASED EVER IN U.S.		TY NO. 17 INFORMANT	ADDRESS	
(YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	Lucius Cr	ews 1358 N.	Fremont Avenue
IR CAUSE OF DEATH (Enter	only one cause per line for (a), (b), and (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAU	ISED BY:			
MMED	IATE CAUSE (a) Profound L		condary to	
7558	DUE TO, FISSUES HUP	oxemia		
Conditions, if any, which	(secondary	to Bleeding Recta	al Varices	
gave rise to immediate cause (a), stating the				
underlying couse lost.	DUE TO, OR AS A CONSEQUEN			
	T CONDITIONS CONTRIBUTING TO DE	to advanced Cirrl		
		ATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ON GIVEN IN PART Tra
Acute 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	Renal Failure 196, CONDITION FOR WHICH O	DEPATION WAS BEDEODMED	20a AUTOPSY? 20	Db. IF YES, WERE FINDINGS USED
DATE OF OPERATION	170. CONDITION TOR WHICH C	FERATION WAS FERI ORMED		CERTIFYING CAUSES OF DEATH?
Ē L			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING	U		RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART ?)
OR CONTRIBUTING CAUSE OF	DEATH	19		
OR CONTRIBUTING CAUSE OF THE THE NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY	211 LOCATION		
WMILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE FAR		CITY OR TOWN	COUNTY STATE
	spital) attended the deceased fram	March 11. 19.84		. 19.84
	April 3. 1984 The body after death.		F 0/	and have and from the causes stated
Doore, (Mwe) (did) (did)	** the body after death.	DEGREE		DATE SIGNED
01:1	In Alamit		MEDICAL STAFF	12/12 Kel
0/11/her		PHISICIAN	DIRECTOR PHYSICIAN	14/3/87
THE PHYSICIAN'S NAME IT		22e ADDRESS		// /
Michael	Hyle, M. D.	c/o Marylar	nd General Hos	pital
23a. BURIAL, CREMATION, REMOV	AL 23b DATE 23c. NA	ME OF CEMETERY OR CREMATORY	23d LOCATION	
BURIAL	4/9/84 Ga	rrison Forest	C 117 O 11 TO 11 TO	Mills Md
24 FUNERAL DIRECTOR	1.7/2/04 1 (12	1250 DA	TE REC'D. BY REGISTRARIAN	REGISTRAR'S: SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and coshauld be detached for use as the burial-transit permit. Then please remove corbanipopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

Wm C March F/H Inc. 1101 E North Avenue

250 DATE REC'D. BY REGISTRAR'S SIGNATURE

APR 6 1884 Junia Davidson-Ambura

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DEPARTMENT OF HEALTH AND MENTAL BYCIENE

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7	1.	STATE REGISTRAR			DECARTI		ICATE OF DEATH	REG. N	0.	7 0	10
		CEASED NAME OR PRINT)	B.	ALTA	CROCKER		LAST	April 22,	1984	AY YEAR	7:30 a
	3. SEX		QUITE TO	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
a		emale		White			-03-93 YEAR	90	YRS.		
6		RTHPLACE (STATE COUNTRY)	OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C			
0		aryland	EATH	U.S.A.	HOSPITAL NURSIN	WIDOWI	DR OTHER INSTITUTION	Baltimo		-	MD. F BUSINESS OR
1	В	altimore		Long G	reen Nurs	sing F		Homemaker		INDUSTRY	-
	130 S	at residence (FNI) STATE aryland	13b COU		Baltimor	'N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 4613 Wiln	slow R	Road 21	210
à		THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA			(AST	
Ū,	W	illiam M.	Mumme	ert			Lillian M.	Wisner		(ASI	
3		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17_INFORMANT	ADDRI		ere Mil	
٩	N				220 44	8417	Elizabeth C.	Dryden, 61	.7 St.	Johns	Road
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		Willia			rich		5006 Rolan	d Avenue		/	11
	23a. B	URIAL, CREMATION	N, REMOVAI	23b. DATE 04-25		vame of c	EMETERY OR CREMATORY	Pikesvil	le, Bal	to Co.	, Md ^{1ATE}

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DHMH - 16 50M 1/81 (VRA 15, 4)

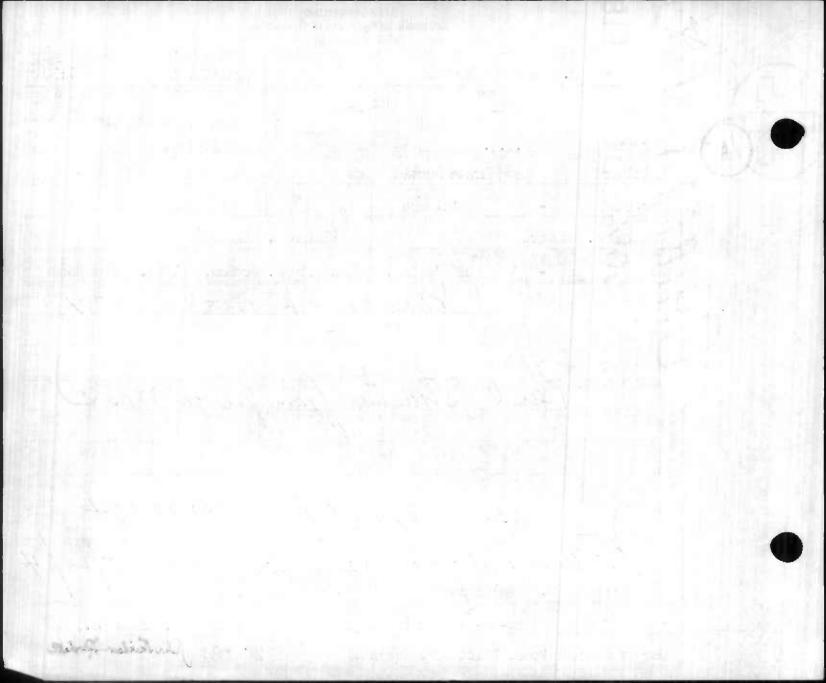
TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health IMPORTANT: If them 21 is

Pikesville, Balto Co., Md

24 FUNERAL DIRECTOR

Burgee Funeral Home, Baltimore, Maryland

250 DATE REC'D BY REGISTRARY BY REGISTRARYS SIGN



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MPORTANT: If them 21 is marked or them 18

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

YGIENE	8	44	0	9	3	1	1
		REG. NO.					

	REGISTRAR						REG. N	O.			
	CEASED NAME	FIRST	-	AIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	_
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	ty or town of DEA Baltimore		(IE NOT IN SUC	HOSPITAL, NURS HACILITY, GIVE STREI LA Balt	ET ADDRESS)	Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Machinis	OF WORKING LIFE)	126 KIND OF INDUSTRY MD Dry		OR
	AL RESIDENCE IF HURS			GIVE RESIDENCE BEFO			1		-	1225	
138.3	TATE	13b COUNT		13c CITY OR TO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
14 E 4	MD	A.A		Brooklyn	1 PK.	YES NO S	221 Towns	end Ave	. Barr	more	
19 17	FIRST		NIDDLE	LAST		FIRST	WIDDIE		LAST		
	Geor	ge :	Elbert	Cramer		Sarah	Ann	Coll			
			NED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	Linthi	Cm.Md		
- (YES, NO OR UNKNOWN]	WW]	WAR OR DATES)	235-38-	-4579	Michael E.	Cromer,316			•	
	18 CAUSE OF DEAT	H (Enter poly				THOUSAND DI	OI CHICAL JULO		APPROXIM	ATE INTERVAL	711
н	PART I. DEATH W	AS CAUSED	BY:	(10, 10, 10, 0			ele-		BETWEEN OF	NSET AND DEA	IH
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Z	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	DIVINIBULING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	Y IN PART ITO		
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Ü	196 DATE OF OPERAT	ION	198. COND	IIION FOR WHIC	HOPERATIO	N WAS PERFORMED	ZUG AUTOPST		NG CAUSES		
Ē			_1				YES NO	YES		NO 🗌	_
U	210. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH I	DAY VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	1 1 OR PART 2)		
AL	OR CONTRIBUTING (H HOOK A.		19						
MEDICAL	21d INJURY OCCURE		21e PLACE			21f LOCATION		· · · · · · · · · · · · · · · · · · ·			
ME	WHILE NOT WH	ILE	(AT HOME STE	EET, FACTORY OFFICE	FARM ETC)	STREET	CITY OR TO	WH	COUNTY	STATE	
	220.1 certify that (I)		ol) attended th	e deceased from			, to	19	P	not (I) (we)	last
	saw the decease above, (1) (we) (c	ed olive on_	wow the bady	ifter death	, or	nd that in (my) (our) opinion	death occurred on the d	ote and hour a	and from the co	ouses stated	ł
	226. SIGNATURE	O COLOTION	view the body	oner deom.		DEGREE			22c. DATE S	IGNED	
		1-e	1	1		MO ATTENDING	MEDICAL STA	FF TAN []	May 2	2, 198	34
	224 PHYSICIAN'S NA	AME (TYPE OR	PRINT			22e ADDRESS	E awareness tilles	a or or a based			
				VASA	~		3 - 7	n 1:			1701
	<u> </u>		`		•		nonds Lane	,Balt	ımore	Md. Z	177
	BURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
	Bur	ial	5/4/	'84 C	edar	Hill Cem.	Ritchie				
0 4 00						100 -		A. S.			

250. DATE REC'D. BY REGISTRA

Alie Burdon Handelle

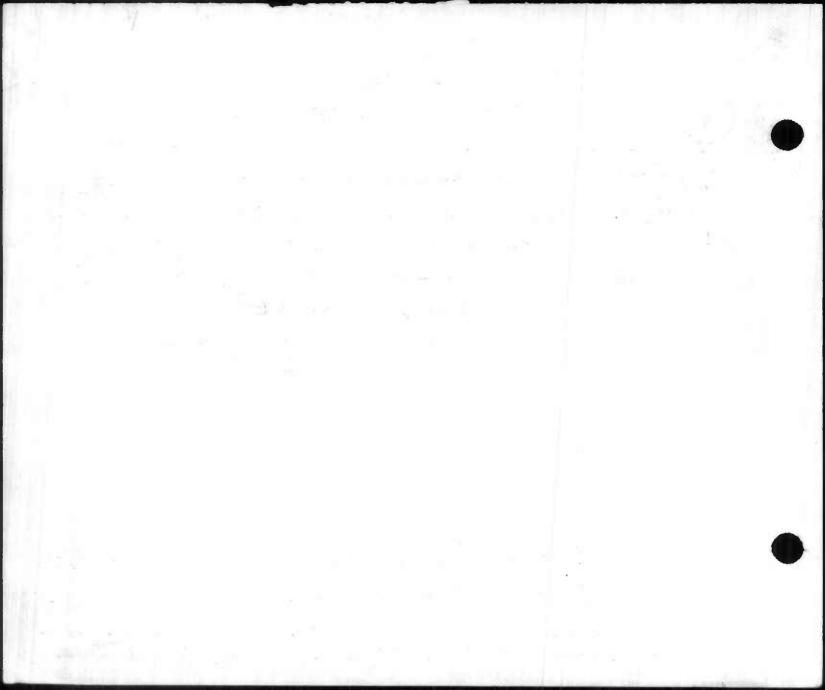
George J. Gonce, 4001 Ritchie Hg., Baltimore, Md. MAY

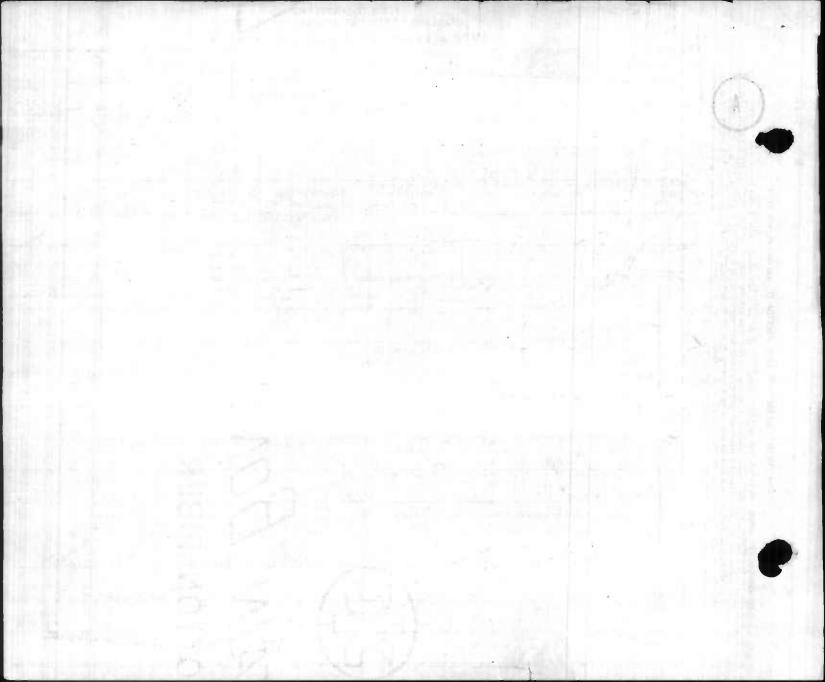
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TO HOSPITAL (

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this cert OR ATTENDING





STATE OF MARYLAND

1 - STATE REGISTRAR		DEFAKIN		CATE OF I	DEATH	PIENB	REG. NO.			
DECEASED NAME FIRST (TYPE OR PRINT)		E.		RUSE		20. DATE OF	DEATH MO	NTH D	84	26. HOUR
3. SEX Female	4 RACE	ack	5. DATE O		YEAR O 3	6 AGE IN YEA			ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New Jersey		VHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER		9. BALTIMOR		OUNTY	OF DEATH	ME
BALTIMORE	JOHN THISUCH	OSPITAL, NURSIN FACILITY, GIVE STREET L. DEA	HON !	med.	CENTER	12a USUAL O (TYPE OF WORK)				F BUSINESS OR
Maryland 4. FATHER'S NAME	VTY	Baltim	N	13d. INSIDE (YES [X] 15, MOTHER	NO D		I. Bro	oadw		1231
George 60 WAS DECEASED EVER IN U.S. AF		Handy 166 SOCIAL SECU	RITY NO.	S 1	usie		ADDRESS		Jone	
UNKNOWN	VE WAR OR DATES)	212-26-	3091	Elsi	e Baxt	er 142	23 N.	Dec	ker S	treet
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR DUE TO, OR DUE TO, OR	AS A CONSEQUE	NCE OF	1510V			OR CONDIT	ION GIVE	N IN PART 110	reals
190 DATE OF OPERATION	19 CONDI	TION FOR WHICH	OPERATION	V WAS PERFO	DRMED	20a AUTOI			WERE FINDING CAUSES	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.A	M. MONTH DA	Y YEAR	21c. HOW IN	180	RED (ENTER NAT	JRE OF INJURY IN	NITEM IB PA	AT 1 OR PART 2	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220 certify that		EET, FACTORY, OFFICE, F	ARM: ETC)	STREE		ta	CITY OR TOWN	/	COUNTY	STATE
saw the deceased alive a abave, firther (did) (12 abave, firther) (did) (12 abave, firther) (did) (12 abave, firther) (did) (12 abave, firther) (did)	Ha	4// 19		DEGREE	ATTENDING PHYSICIAN 4	MEDICAL DIRECTOR	STAFF		(causes stated

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camples should be detached for use as the burial-transit permit. Then please remove carbonopapers. Pages 1 and with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examples. 230. BURIAL, CREMATION, REMOVAL (SPECIAL CREMATION) BP.

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

Anne Arundel coco,

M date

DHMH - 16 50M 4/82

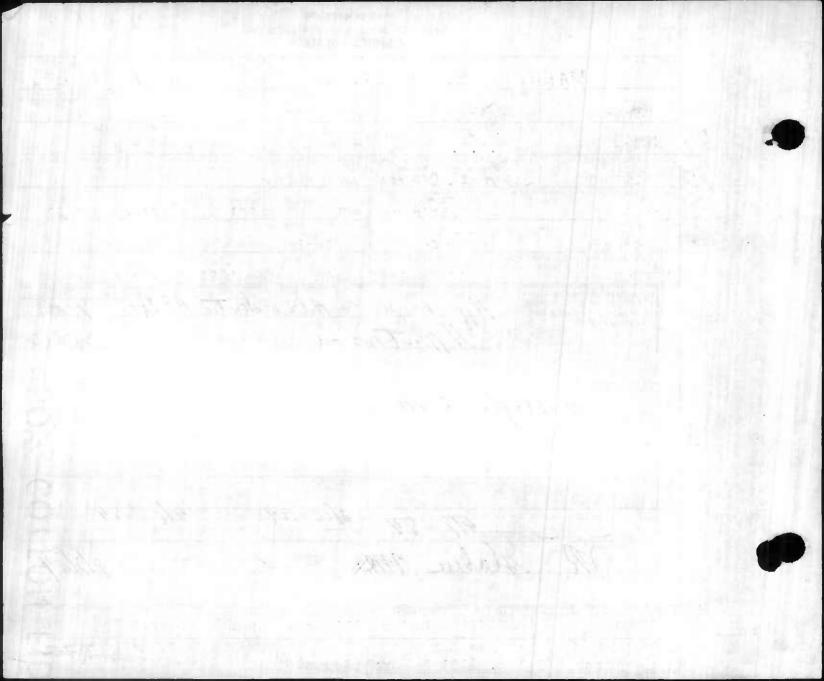
(VRA 15, 4)

24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Avenue

23b. DATE 4/6/84

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	ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after of or ottending physician.	After this ceresticate has been stoned by the attendand physican and completely filled in by the funeral

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST LAS1 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR (TYPE OR PRINT) April 2, 1984 John Custis 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 3. SEX DAYS 9 2 AR 15 Black Male 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City USA WIDOWED VA DIVORCED MD NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 770 W. Saratoga St. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore 770 W. Saratoga St. MD YES 😿 NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDDLE LAST Polcon Jim Custis Anne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT THE YES GIVE WAR OR DATES! (YES, NO OR UNKNOWN) 217-03-6274A Minnie Belk 5902 Glennor Road NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: 2 minute IMMEDIATE CAUSE (0) boord Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. Carcinous of the Prostate PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOL 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 7) 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INTURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from _____ 19 84 saw the deceased alive an above. (I) (we) (did) (did not) view the body after death. , and that in (my)(our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 226 SIGNATUR DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22 ADDRESS MORRIS M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) CITY OR TOWN STATE Md. BURTAL Baltimore Mount Auburn Cem APR 4 D. BY 24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North Ave.

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECT be detached to e State Dept

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shauld be

